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## **Nursing students' experiences with faculty incivility in clinical education context: A qualitative systematic review and meta-synthesis**

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2 **Nursing students' experiences with faculty incivility in clinical education context:**

3

4 **A qualitative systematic review and meta-synthesis**

5

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3 26 **Abstract**  
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5 27 **Objective:** The aim of this study is to synthesize the quantitative evidence on the experiences and  
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7 28 perceptions of incivility in clinical education of nursing students.  
8  
9 29

10 30 **Design:** A systematic review was conducted to synthesis qualitative studies. Relevant papers published  
11  
12 31 from 1990 until week 2 of January 2018 were searched using electronic databases including CINAHL,  
13  
14 32 PubMed (MEDLINE), ProQuest Central, ProQuest Education Journals, ProQuest XML-Dissertations  
15  
16 33 and Theses, Web of Science, Embase, etc. Two reviewers appraised the methodological quality and  
17  
18 34 extracted relevant data of each included study independently. Meta-aggregation method was used to  
19  
20 35 synthesize data.  
21  
22 36

23 37 **Setting:** All healthcare setting.  
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25 38

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27 39 **Participants:** Current nursing students on clinical education or those who have already completed their  
28  
29 40 clinical education.  
30  
31 41

32 42 **Outcomes:** The experiences and perceptions of incivility in clinical education of nursing students.  
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34 43

35  
36 44 **Results:** A total of 3397 studies were returned from search strategies. Eighteen studies fulfilled the  
37  
38 45 inclusion criteria and were included in the meta-synthesis. Six synthesized findings were identified,  
39  
40 46 covering features of incivility, manifestations of incivility, contributing factors, impacts on students,  
41  
42 47 coping strategies, and suggestions.  
43  
44 48

45 49 **Conclusions:**

46  
47 50 The results showed the experience of incivility in clinical education was common and had negative  
48  
49 51 impacts on nursing students and nurse profession. We suggest nursing students try to cope with  
50  
51 52 incivility positively. Nurse managers and clinical preceptors should have the awareness of the  
52  
53 53 prevalence and impact of incivility, and implement policies and strategies to reduce incivility for  
54  
55 54 nursing students. Hospitals and universities need to have an immediate response person or system to  
56  
57 55 help nursing students confronting incivility, and create an open communication environment.  
58  
59  
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4

5 57 **Keywords:** Nurse education; Incivility; Systematic review; Meta-synthesis  
6

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11 60 **Strengths and limitations of this study**

12 61 ● We used JBI meta-aggregation method to synthesize qualitative data, which avoided  
13 re-interpreting of original studies.  
14 62

15 63 ● We performed a comprehensive search strategy to find all relevant studies in nine academic  
16 databases and four grey literature databases.  
17 64

18 65 ● Both journal articles and thesis were included in order to provide an unbiased result.  
19

20 66 ● We only included studies in English. All the included studies were conducted in the United States,  
21 European countries and Australia. Cultural variation may have variation in individual responses to  
22 incivility.  
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## 70 Introduction

71 Incivility is defined as a rude and deviant act characterized by a low-intensity discourteous behavior  
72 with or without intent to harm, offend and humiliate the target.<sup>1, 2</sup> For decades, nurse-to-student  
73 incivility is prevalent in clinical settings. The unfortunate idiom “nurses eat their young” has been used  
74 for over 30 years.<sup>3</sup> Previous studies have shown that nursing students had the experience of being  
75 bullied, harassed and unfairly blamed by clinical faculty. Results from a study conducted by Clark and  
76 Springer revealed that over 70% of 356 respondents believed incivility in the nursing education is a  
77 moderate or serious problem and increased in the last five years.<sup>4</sup> A survey conducted in Oman showed  
78 over 40% percent of the respondents experienced different forms of incivility, including being  
79 disrespectful, being unprepared for class, cancelling schedule activities without warning, etc..<sup>5</sup> The  
80 literature suggests there are key factors that contribute to incivility.

81  
82 Rowland and Srisukho found gender, class standing, average grade, informal interaction between  
83 faculty and students, and academic achievement were the key factors associated with incivility toward  
84 students.<sup>6</sup> Results from Vink et al. indicated that factors contributing to incivility could be categorized  
85 into three themes, including academic factors, psycho-pathological factors, and social factors.<sup>7</sup> Other  
86 factors identified by previous studies also included policies on uncivil behaviors, political atmosphere,  
87 and environmental factors.<sup>8,9</sup>

88  
89 In the face of high rates of nurse turnover and workforce attrition in nursing, nurse educators and  
90 managers realized that incivility in clinical settings can be contributory, as it can be harmful to both  
91 individuals and their organizations. Anthony et al. and Kinley found incivility can negatively influence  
92 students' confidence, question whether they are completely incompetent being a nurse, and also lead to  
93 a high level of turnover among new graduate nurse during their first two years' employment.<sup>10, 11</sup>  
94 Results from studies conducted by Seibel and Milesky et al. showed victims of incivility suffering from  
95 physical and emotional distress that affect patient care and was related to patient safety.<sup>12, 13</sup> Report  
96 from the Joint Commission showed uncivil behavior in the health care setting could lead to medical  
97 errors, poor clinical outcomes, low patient satisfaction, and increased costs of care.<sup>14</sup>

98

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3 99 Nursing faculty incivility in clinical education has also been reported in the literature. Altmiller and  
4  
5 100 Anthony & Yastik conducted focus group interviews to describe the phenomenon of incivility in  
6  
7 101 undergraduate nursing program.<sup>15, 16</sup> Although the qualitative research yielded in-depth information  
8  
9 102 from a small sample of participants, however, the external validity and transferability of single study  
10  
11 103 was still limited. A variety of aspects of the experience of faculty incivility need to be integrated to  
12  
13 104 produce more robust evidence across multiple quantitative studies. It is still crucial to understand the  
14  
15 105 phenomenon deeply to use mindfulness solutions to inform the practice and transform the culture of the  
16  
17 106 workplace. In order to make a comprehensive picture of this phenomenon we used the approach of  
18  
19 107 meta-synthesis to manage and report findings from multiple qualitative research studies.<sup>17</sup>  
20  
21 108

22 109 The aim of this study is to synthesize the evidence on the experiences and perceptions of incivility in  
23  
24 110 clinical education of nursing students. Specifically, the review addressed the following research  
25  
26 111 question: 1) What behavior in the clinical environment did student consider incivility? 2) To what  
27  
28 112 extent did these behaviors affect them? 3) What strategies did they use to cope with incivility?  
29  
30 113

#### 31 114 **Methods**

32 115 We used meta-aggregation approach to conduct a systematic review of qualitative studies, and  
33  
34 116 followed the Enhancing Transparency in Reporting the Synthesis of Qualitative research (ENTREQ)  
35  
36 117 statement (Appendix I).<sup>18</sup>  
37  
38 118

#### 39 119 **Inclusion Criteria**

40 120 Inclusion criteria included: 1) participants were current nursing students on clinical education or those  
41  
42 121 who have already completed their clinical education; 2) phenomena of interest focused on the  
43  
44 122 perceptions and experiences of incivility from faculty during clinical education; 3) context: faculty  
45  
46 123 incivility must have occurred in clinical settings or during clinical education; 4) qualitative studies  
47  
48 124 including, but were not limited to, ethnography, phenomenology, narrative study, grounded theory, and  
49  
50 125 case study. Mixed-method studies with a narrative description of faculty or student voices describing  
51  
52 126 the phenomenon under study were also considered, and; 5) published in English.  
53  
54 127

#### 55 128 **Search Strategy**

1  
2  
3 129 We included both published and unpublished papers. A three-step search approach was conducted in  
4  
5 130 this study. Firstly, we searched the MEDLINE (via PubMed) to analyze the text words and the index  
6  
7 131 terms which could be used in the comprehensive search. Second, a comprehensive search was  
8  
9 132 conducted across all included databases with a usage of keywords and index terms. Databases included:  
10  
11 133 CINAHL, PubMed (MEDLINE), ProQuest Central, ProQuest Education Journals, ProQuest  
12  
13 134 XML-Dissertations and Theses, Web of Science, Embase, EBSCO Discovery Service and PsycINFO.  
14  
15 135 The search for unpublished studies included the Open Grey, Conferences proceedings, and Deep Blue  
16  
17 136 Library. Relevant papers published from 1990 until week 2 of January 2018. Search terms included  
18  
19 137 incivilit\* OR bully\* OR workplace violence OR uncivil OR aggression\* OR harass\*. The search  
20  
21 138 strategy for PubMed (MEDLINE) is available in Appendix II. In the third step, additional studies were  
22  
23 139 searched by hand to screen the references of related studies. Search results were imported into Endnote  
24  
25 140 X8, which was used to manage the literature.

26 141

#### 27 142 **Critical Appraisal**

28  
29 143 Two reviewers appraised the methodological quality of each included study independently (ZZ &  
30  
31 144 XWJ) using the Joanna Briggs Institute (JBI) critical appraisal tool for qualitative studies.<sup>19</sup>

32 145 Disagreements were resolved through discussion.

33 146

#### 36 147 **Data extraction**

37  
38 148 The JBI standardized form was used to extract qualitative data. The data extraction form included  
39  
40 149 following domains: study (Year), country, design (method of data collection), interest of phenomenon  
41  
42 150 recruitment and participants, and main findings including relevant illustrative quotations. Relevant  
43  
44 151 data were extracted by two reviewers (ZZ & XWJ) independently. Disagreements were resolved  
45  
46 152 through discussion.

47 153

#### 49 154 **Data synthesis**

50  
51 155 The JBI meta-aggregation method was used to synthesize data. Meta-aggregation is one of the  
52  
53 156 approaches for synthesizing qualitative evidence which is based on the primary author's findings and  
54  
55 157 may generate recommendations for action.<sup>19</sup> Data extraction, comparison and synthesis were conducted  
56  
57 158 by using JBI-SUMARI.<sup>20</sup> The procedures involved four steps: 1) thorough repeated reading of paper,



1  
2  
3 159 verbatim statements and accompanying quotations were extracted from each study by the primary  
4  
5 160 reviewer (XWJ). Only those findings being identified as highly correlated with our phenomenon of  
6  
7 161 interest were extracted from each study. To ensure rigor, the second reviewer (ZZ) check all the  
8  
9 162 extractions. 2) Two reviewers (ZZ & XWJ) independently assigned the level of credibility for each  
10  
11 163 research finding. All disagreements were resolved through discussion. If there was more than one  
12  
13 164 quotation for the same finding, we assigned the highest level of credibility. 3) Findings rated as  
14  
15 165 unequivocal or credible were aggregated them into categories on the basis of similar meaning. Findings  
16  
17 166 rated as unsupported were eliminated from further analysis. The categories were determined by  
18  
19 167 primary reviewers (XWJ) and affirmed by the second reviewer (ZZ). Disagreements were resolved by  
20  
21 168 consensus. 4) Categories with commonality were further integrated into synthesized findings by  
22  
23 169 primary reviewers. The synthesized findings and recommendations were examined by all co-authors  
24  
25 170 who involved in nursing education

171

### 172 **Confidence in the findings**

173 The synthesized findings were assessed by using JBI ConQual approach to determine the level of  
174 confidence.<sup>21</sup> The level of confidence was rated as high, moderate, low, or very low based on the  
175 dependability and credibility from the included study.

176

177 The dependability for the each included study was determined through the evaluation of five criteria on  
178 the JBI critical appraisal for qualitative studies. The criteria evaluate the congruity between the study  
179 methods and study objective, and methods of data collection and analysis. The criteria also evaluate  
180 whether the study located the study culturally or theoretically and have a statement about the impact of  
181 the researcher on the study. The dependability for the synthesized finding was determined by the  
182 dependability for each included study.

183

184 The credibility for each research finding was determined by the congruity between study's  
185 interpretation and participants' quotations. The credibility for each finding was rated as unequivocal  
186 (U), credible (C), or unsupported (UN). The credibility for the synthesized finding was based on the  
187 level of credibility of each research finding. If all research findings were unequivocal, the credibility of  
188 the synthesized findings was regarded as high. If synthesized findings include both unequivocal and

189 credible research findings, the credibility of the synthesized findings was regarded as moderate. If  
190 synthesized findings include only credible research findings, the credibility was rated as low. The  
191 ConQual score was downgraded from high to very low on the basis of dependability and credibility.

192

## 193 **Results**

### 194 **Literature search**

195 The outcomes of literature search were outlined in Fig.1. Initially, a total of 3397 studies were returned  
196 from search strategies. After screening the titles and abstracts, we reduced the number papers to 53 for  
197 full text evaluation. Subsequently, 18 studies fulfilled the inclusion criteria and were included in the  
198 meta-synthesis.<sup>15, 16, 22-37</sup>

199

### 200 **Study Description**

201 The study characteristics are summarized in Table 2. Among 18 studies, 15 studies were published  
202 papers<sup>15, 16, 22, 24-31, 33, 34, 36, 37</sup> and three were PhD thesis.<sup>23, 32, 35</sup> Six studies used individual  
203 semi-structured or unstructured interview to collect data,<sup>23-25, 27, 32, 35</sup> four studies used focus group  
204 interview,<sup>15, 16, 31, 34</sup> four studies used open-ended questionnaire,<sup>22, 26, 28, 30</sup> two studies used both  
205 individual and group interviews,<sup>29, 33</sup> and two studies collected data from the diary and stories written  
206 by nursing students.<sup>36, 37</sup> Most of the included studies were published from 2012 to 2017 (n = 11).<sup>15, 22,</sup>  
207 <sup>23, 25, 27, 28, 32-36</sup> Studies were conducted in five different countries: The United States (n = 8),<sup>15, 16, 23, 24, 27,</sup>  
208 <sup>34, 45, 37</sup> the United Kingdom (n = 4),<sup>29, 32, 33, 36</sup> Australia (n = 4),<sup>22, 25, 26, 30</sup> Finland (n=1),<sup>28</sup> and Turkey  
209 (n=1).<sup>31</sup> Six studies reported the recruitment was across multiple universities/hospitals.<sup>15, 24, 28, 29, 33, 34</sup>  
210 Two studies recruited participants through online platforms.<sup>22, 30</sup> The total number of the nursing  
211 students included in this systematic review was 1182. Among all participants, 348 participants joined  
212 the interview, and 834 participants completed the questionnaire or diary. The sample sized ranged from  
213 4<sup>23</sup> to 430 participants.<sup>22</sup>

214

### 215 **Quality Assessment**

216 Table 1 summarizes the quality assessment of the 18 selected studies. Among 18 studies, all the studies  
217 have a similar interest of phenomenon, methodology, and methods of data analysis. Only one study  
218 reported the potential beliefs and values of the authors which might have influenced the findings.<sup>23</sup>

219 Three studies reported the authors' role in the study which may have potentially influenced the  
220 interpretation of findings.<sup>23, 32, 35</sup> One study did not provide representations of participants and their  
221 voices.<sup>15</sup> Two studies did not report on the ethical approval process.<sup>15, 29</sup>

222

### 223 **Review finding**

224 Eighty findings were retrieved from 18 articles. Six synthesized findings were identified. Of these, 70  
225 findings were rated as unequivocal and 10 as credible. An overview of these synthesized findings is  
226 summarized in Table 3.

227

### 228 ***Synthesized finding 1***

229 *There are different types of incivility that can be experienced by nursing students. Some are noticeable*  
230 *while others can be more subtle which are hard to be proved. Most of the nursing students are*  
231 *unprepared for the incivility from multiple perpetrators.*

232

233 This synthesized finding was originated from six findings and grouped into one category. Many of the  
234 studies describe the features of the incivility. The nursing students perceived the incivilities in the  
235 clinical workplace were diverse. The forms of incivility could be either overt or covert, and verbal or  
236 non-verbal.<sup>22, 25</sup> Many nursing students believed incivility in the clinical workplace was pervasive and  
237 recurring, and experiencing incivility during clinical education was unavoidable.<sup>22, 25, 34</sup> A nursing  
238 student indicated the incivility as a "rite of passage".<sup>22</sup>

239

240 *"it is a serious issue, more of the bullying occurs from registered nurses, a profession where we are*  
241 *meant to care for one another. They are eating their young and wonder why people want to quit*  
242 *nursing. They forget they were just like us once".<sup>22</sup>*

243

244 Due the idea of equality between nursing students and clinical staff did not seem viable, the incivility  
245 was apparently ongoing and was not just a onetime occurrence.<sup>26, 35</sup> In this hierarchical system, nursing  
246 student believed that in order to succeed, they had to accept their role was defined by those with power  
247 and authority.<sup>15, 26, 35</sup> They described perceiving incivility from multiple perpetrators, including clinical

1  
2  
3 248 instructors, other nurse staff, physicians, healthcare assistants, and ward cleaner.<sup>22, 28-31, 35</sup> However,  
4  
5 249 students felt difficult to prove being bullied or maltreated.<sup>28</sup>  
6  
7 250

8  
9 251 **Synthesized finding 2**

10 252 *Faculty incivility in the clinical education context toward nursing students manifests as lack of*  
11  
12 253 *professionalism in the workplace, being unrespect and unfair toward nursing students, and letting*  
13  
14 254 *nursing students feel unwanted and ignored in the workplace. What's worse, some manifestations*  
15  
16 255 *including physical abuse and sexual harassment violate the law*  
17

18 256

19 257 This synthesized finding was originated from 28 findings and grouped into five categories. The acts of  
20  
21 258 incivility in clinic education can be categorized into lack of professionalism, being unrespect, being  
22  
23 259 unwanted and ignored, inequality, physical abuse, and sexual harassment.  
24

25 260

26  
27 261 Nursing students noted a range of manifestation as lack of professionalism from medical staff  
28  
29 262 including: failing to provide learning opportunities or guidance,<sup>31, 32</sup> having rigid expectations for  
30  
31 263 students' abilities,<sup>22, 24, 27, 33, 37</sup> excessive using of students for legwork or own gains,<sup>31-33, 37</sup> arbitrary  
32  
33 264 changes in syllabi, assignment and schedule,<sup>24</sup> student being questioned inadequately,<sup>35</sup> giving constant  
34  
35 265 criticism and negative feedback,<sup>27, 32, 35</sup> and not protecting students for safety.<sup>32</sup>  
36

37 266

38 267 *"A nurse said, 'You are wasting your time with care plans. We used to do them, but they do not*  
39  
40 268 *work.' After hearing this, I lost confidence in my education".<sup>31</sup>*  
41

42 269

43 270 Fourteen studies noted unrespect behaviors from medical staff. Characteristics exemplifying unrespect  
44  
45 271 behavior included belittlement,<sup>15, 24, 27, 29, 30, 35, 37</sup> being condescending,<sup>24, 34</sup> intimidation,<sup>27, 33, 34</sup> criticism  
46  
47 272 on personality,<sup>22, 37</sup> humiliation in front of staff and patients,<sup>22, 23, 26-28, 33, 37</sup> talk about students behind  
48  
49 273 back,<sup>22</sup> calling students by derogatory names,<sup>22, 32-34</sup> shouting at students,<sup>28, 33</sup> and having hostile body  
50  
51 274 language (e.g. eye rolling and without eye contacts).<sup>22, 36, 37</sup>  
52

53 275

1  
2  
3 276 “... and then in the end... she just got a bit angry with me sort of in front of the patient. . . and  
4  
5 277 said some things like (coughs) I didn't quite think were acceptable to say in front of the  
6  
7 278 patients... rather than helping me she just got angry with me”.<sup>33</sup>

8  
9 279  
10 280 Twelve studies noted unwanted or ignored behaviors bestowed by medical staff towards nursing  
11  
12 281 student. The forms included making nursing student feeling like a nuisance,<sup>16, 25, 30, 33-37</sup> not letting  
13  
14 282 students involve into nursing activities,<sup>22, 32</sup> refusal to answer, help or support,<sup>15, 22, 30, 32, 33, 35, 37</sup> and not  
15  
16 283 permitting student to use staff room.<sup>22, 26</sup>

17  
18 284  
19 285 “How wrong I was. I have never felt so unwanted in my life. The nursing staffs made me feel like  
20  
21 286 a complete nuisance...I don't think she even made eye contact with me... She seemed annoyed by  
22  
23 287 my presence... “. <sup>37</sup>

24  
25 288  
26  
27 289 Inequality for all students was identified as another form of incivility. Bias commonly based on gender,  
28  
29 290 race, appearance, and behaviors.<sup>15, 22, 24, 27</sup> Some faculty favored male nursing students and the younger  
30  
31 291 nursing students, and were more positive in their communications with them.<sup>15, 24</sup> The students with  
32  
33 292 bizarre behaviors would have more challenge.<sup>25, 30, 31</sup> Some nursing student admitted they were fear to  
34  
35 293 be targeting and avoided any interaction at all with certain instructors.<sup>15, 27</sup>

36  
37 294  
38 295 “On my clinical placement, I was immediately judged by one staff member who continuously  
39  
40 296 embarrassed me... They took an instant dislike to me [because of] my appearance and made  
41  
42 297 comments stating I was a princess and spoilt. They treated other students and team members  
43  
44 298 with... respect, however I did not receive any of this”.<sup>32</sup>

45  
46 299  
47 300 Other forms of incivility include physical threats and sexual harassment. Two studies described the  
48  
49 301 examples of nursing students being stalked and having an inappropriately touching by staff.<sup>22, 34</sup>  
50  
51 302 Worryingly, some nursing students had experienced different forms of physical threats such as nurse  
52  
53 303 instructor throwing items (patient file folders, intravenous fluid bags, and key) at students.<sup>22, 25, 33, 34</sup>

54  
55 304

56 305 **Synthesized finding 3**

306 *Faculty incivility in the clinical education context not only has a huge physical and emotional impact*  
307 *on nursing students but also influences the process of professional formation.*

308  
309 This synthesized finding was originated from eight findings and grouped into three categories. Studies  
310 described the impact of perceiving incivility from faculty included having negative emotions, having  
311 physical symptoms, and questioning the nursing profession. Feeling helplessness, hopelessness and  
312 powerlessness is the most common emotional response noted by participants.<sup>15, 24, 26, 28, 31</sup> Other  
313 negative emotions included loss of self-esteem, worth and confidence, stress, depression, fear, anger,  
314 upset, and anxiety.<sup>22-25, 27, 28, 31, 32, 34, 35</sup> Some students described they had a suicidal tendency seriously  
315 and wanted to conduct self-injury to escape from clinical education.<sup>22</sup>

316  
317 *“I realized that no matter how hard we worked in our clinical group, that it was the instructor’s*  
318 *way or no way. It wasn’t our work we were being evaluated on; it was our ability to please her. If*  
319 *we didn’t look good, she didn’t look good. If we embarrassed her, she would squash us, she*  
320 *would fail us. We felt helpless”.*<sup>24</sup>

321  
322 The consequence of incivility included suffering from physical symptoms. These reactions included  
323 sleep disorders, fatigue, sweating, nausea, vomit, headaches, chest pain, nervousness, palpitations,  
324 cardiac and abdominal symptoms, overeating or appetite loss.<sup>22, 24, 28, 31, 32, 35</sup> In addition, incivility also  
325 caused issues with loss of motivation, productivity, and performance.<sup>28, 31, 34, 35</sup> Students' professional  
326 engagement was negatively affected by incivility. In nine studies, nursing students expressed incivility  
327 as the criticism of clinical education and nursing profession, and doubt towards their career choice.<sup>16, 22,</sup>  
328 <sup>23, 25, 27, 28, 31, 32, 34, 35</sup>

329  
330 *“I am making it my duty as a registered nurse to never forget how it felt as a student that was*  
331 *bullied on placement”.*<sup>22</sup>

332 *“Bullying has totally eroded the credibility of the profession in my eyes”.*<sup>28</sup>

333

334 ***Synthesized finding 4***

1  
2  
3 335 *Facing faculty incivility in the clinical context, nursing students can develop either negative or positive*  
4  
5 336 *coping strategies to accept the harsh realities of life or fighting incivility.*

6  
7 337

8 338 This synthesized finding was originated from 15 findings and grouped into two categories. Studies  
9  
10 339 noted that nursing students developed different responses to incivility when they perceived uncivil  
11  
12 340 treatment through their education. Three subthemes were categorized including negative coping,  
13  
14 341 positive coping, and seeding the future. Nine studies described negative coping strategies. Students  
15  
16 342 often felt powerless to deal with incivility and the most common way of responding was by removing  
17  
18 343 themselves from the situation.<sup>26,34</sup> Students were reluctant to report the incidences of perceiving  
19  
20 344 incivility and felt it unlikely to lead to change.<sup>15, 16, 22, 25, 26, 31, 37</sup> They accepted the harsh clinical  
21  
22 345 education as a part of student life.<sup>31</sup> However, some nursing students chose to change their major and  
23  
24 346 left the nursing program.<sup>24</sup>

25 347

26  
27 348 *“We have to get used to verbal abuse incidents like this. Ultimately, we have to accept the*  
28  
29 349 *clinical reality. The most important goal is to graduate. My mother is my best counsel’. She*  
30  
31 350 *keeps saying, ‘Be patient! It will come to an end’”.*<sup>31</sup>

32 351

33  
34 352 Eleven studies noted that nursing students confronted incivility by using positive coping strategies.  
35  
36 353 Positive strategies including standing up to report the incivility they perceived to high level;<sup>16, 22, 24, 30, 31,</sup>  
37  
38 354 <sup>35</sup> improving communication with the medical staff;<sup>16, 26, 31, 35, 36</sup> sharing the story with their families and  
39  
40 355 friends;<sup>24, 25, 28, 31, 36</sup> seeking support from other nice nurse faculties and trusted university staff;<sup>24, 25</sup>  
41  
42 356 sharing the experience in end-of-semester evaluations;<sup>35</sup> trying to understand from staff’s viewpoint;<sup>36</sup>  
43  
44 357 developing self-resilience;<sup>22, 26</sup> maintaining self-values and restoring confidence.<sup>23, 36</sup> Many nursing  
45  
46 358 students who had perceived incivility once noted that they would not being disrespectful to the students  
47  
48 359 in the future.<sup>22, 26</sup>

49 360

50  
51 361 *“Spent the afternoon shadowing a 2<sup>nd</sup>-year student. She was really helpful and friendly. I found it*  
52  
53 362 *reassuring that she had experienced the same anxieties and fears”.*<sup>36</sup>

1  
2  
3 363 *“I am making it my duty as a registered nurse to never forget how it felt as a student that was*  
4 *bullied on placement... I was shocked that nurses – [supposedly] such a caring profession –*  
5 *could be so ruthless towards students. I think bullying in nursing really needs to stop”.*<sup>22</sup>  
6  
7  
8  
9 366

10 367 **Synthesized finding 5**

11 368 *Students’ individual, staff, and clinical culture factors place nursing students at risk for incivility.*

12 369 *These factors work individually or collectively.*

13  
14  
15  
16 370

17  
18 371 This synthesized finding was originated from 15 findings and grouped into three categories. While  
19  
20 372 there is absolutely no excuse for medical staff to harass and humiliate nursing students, most  
21  
22 373 incivilities have underlying reasons that lead them to this behavior. The possible reasons were  
23  
24 374 categorized into staff-related reason, student-related reason, and culture. Staff-related factors were  
25  
26 375 identified as the main trigger for incivility, including: conflicts among staff;<sup>29</sup> having work overload  
27  
28 376 and workplace stressor;<sup>15, 34-36</sup> having personal life stressor;<sup>35</sup> previous having encounters with  
29  
30 377 students;<sup>35</sup> limited availability of instructor;<sup>15</sup> limited competency;<sup>15</sup> individuals’ characteristics and  
31  
32 378 personalities;<sup>35</sup> having misperceptions about university education;<sup>31, 35</sup> and having generation gap.<sup>32, 34</sup>

33 379

34 380 *“It is like a lot of the time the nurses are overwhelmed. They have six or seven patients instead*  
35 *of the four that they should have and...they convey their stress on to people. They put it onto*  
36 381 *others—and it turns into bullying, but it’s really you know ‘I feel overworked’ or ‘I’m too told*  
37 382 *to be in this position’ or ‘I can’t lift like I [used] to”.*<sup>34</sup>  
38  
39  
40  
41

42 384

43 385 According to students- related factors, incivility is a mutual conflict which depends on how well  
44  
45 386 nursing students respected their clinical instructor. Nursing student showing less respect to their  
46  
47 387 instructors was the common trigger for incivility.<sup>21</sup> Of note, two studies noted that students’ youth,  
48  
49 388 gender, personalities, and inexperience in the work environment increased their risk of being subjected  
50  
51 389 to incivility.<sup>31, 35</sup> On the other hand, nursing students were the vulnerable population in the clinical  
52  
53 390 environment, which made them easily being targeted and crushed.<sup>22</sup>

54  
55 391



1  
2  
3 392 Clinical culture is another factor that contributes to the incivility for nursing student. Particularly,  
4  
5 393 included studies showed that bully was a rite of passage of culture transition from school to the new  
6  
7 394 hierarchical environment.<sup>22, 23, 25, 29, 34</sup> One study showed a “student not welcome” culture in the clinical  
8  
9 395 setting could also create incivilities.<sup>34</sup>

10 396

11  
12 397 *“Some nurses are very nice to students and very helpful and others you get the vibe you know*  
13  
14 398 *they don’t want you there”*.<sup>34</sup>

15  
16 399

17  
18 400 **Synthesized finding 6**

19 401 *Both university and hospital can consistently respond to faculty incivility in clinical education towards*  
20  
21 402 *nursing students. Building an anti-incivility environment needs university and hospital working*  
22  
23 403 *together.*

24  
25 404

26  
27 405 This synthesized finding was originated from eight findings and grouped into two categories. The last  
28  
29 406 synthesized finding describes the suggestions from nursing students to universities and to hospitals.  
30  
31 407 Suggestions to universities can be categorized into four sectors:<sup>25, 34</sup> educating and preparing students  
32  
33 408 responses to incivility; having an immediate response person or system; having faculties to follow up  
34  
35 409 and to keep monitoring; having peer support and other opportunities.

36 410 *“The university should have an immediate response person or system to ensure immediate*  
37  
38 411 *support. We need a phone number or email for help and advice straight away, like you can call*  
39  
40 412 *and say this has happened”*.<sup>25</sup>

41  
42 413

43 414 Suggestions to hospitals can be categorized into four factors:<sup>23, 31, 34</sup> qualifying preceptors and keeping  
44  
45 415 continuous evaluation; having a perceived authority of instructors; clarifying the roles of students;  
46  
47 416 establishing positive professional role model.

48  
49 417

50  
51 418 *“Those nurses are acting as teachers and some people weren’t meant to be teachers. They may*  
52  
53 419 *be good nurses but they’re not good teachers, and they need to think about that more in terms of*  
54  
55 420 *who they’re assigning and make the compensation for it so they want to do it, the ones who are*  
56  
57 421 *good at it want to do it. It should be a regular thing where they’re evaluated on it”*.<sup>34</sup>

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3 4224  
5 423 **ConQual summary of synthesized findings**6  
7 424 ConQual scores and summary of synthesized findings is summarized in Table 4. Confidence is low for  
8  
9 425 six synthesized findings. Downgraded one level was due to dependability limitation issues. Mix of  
10  
11 426 unequivocal and credible findings was another reason to downgrade credibility of all included studies

12 427

13  
14 428 **Discussion**15  
16 429 Our systematic review and meta-synthesis provided a comprehensive picture of nursing students'  
17  
18 430 experience with faculty incivility in the available literature. Based on the exhaustive search strategies,  
19  
20 431 eighteen studies were included. Six synthesized findings were identified, covering features of incivility,  
21  
22 432 manifestations of incivility, contributing factors, impacts on students, coping strategies, and  
23  
24 433 suggestions.

25 434

26  
27 435 The meta-synthesis revealed that in addition to disrespect, feeling of being unwanted and ignored,  
28  
29 436 inequality, lack of professionalism was identified as an important display of workplace incivility. This  
30  
31 437 finding added to our knowledge that nursing students regarded instructors acted without  
32  
33 438 professionalism as incivility to them, which was different from the faculty-to-faculty incivility. In the  
34  
35 439 clinical education setting, nursing students still expect preceptors to be role models and demonstrate  
36  
37 440 positive and constructive manners.<sup>38, 39</sup> Even working with medical teams, most nursing students are  
38  
39 441 still subject to a structured academic setting and in the transition from a student to a nurse.<sup>40, 41</sup>  
40  
41 442 Therefore, nursing student orientation decides they will use a same evaluation standard to measure the  
42  
43 443 behaviors of clinical preceptors as academic faculty. This result indicates that a qualification  
44  
45 444 assessment and training are essential for clinical nurse preceptors.

46 445

47  
48 446 Our study also showed that the impact of incivility is very far-reaching. Students who perceived such  
49  
50 447 incivility at work would not only bring home the negative emotions but also would lose motivation in  
51  
52 448 the next few days and doubt profession choice in the future. Clinical education is the first time for  
53  
54 449 nursing student transit from learning in classrooms to studying in real care environments. Previous  
55  
56 450 studies already showed clinical education was the crucial period for nursing student to cultivate  
57  
58 451 professionalism.<sup>10, 11</sup> The experience students perceived is highly associated with job satisfaction and

1  
2  
3 452 turnover intention.<sup>42</sup> Therefore, incivility is the barrier to the professional formation and will make the  
4  
5 453 shortage of nurses even worse. Incivility in the nursing clinical education program is particularly  
6  
7 454 crucial in the time of global critical nursing shortages worldwide. Universities and hospitals have an  
8  
9 455 ethical mandate to ensure nursing students, and preceptors, are practicing in areas that don't negatively  
10  
11 456 influence student health and help students to form professionalism.

12 457  
13  
14 458 Different from previous discoveries, our study showed many nursing students adopted positive  
15  
16 459 strategies to cope with incivility. Previous studies noted that students tend to use avoidant strategies  
17  
18 460 when facing uncivil behaviors. Using negative coping strategies may contribute to increased emotional  
19  
20 461 burden, being the target of incivility, and holding a grudge against victimizer.<sup>43</sup> Nevertheless, in recent  
21  
22 462 years, series anti-bully campaigns have been popping up everywhere in response to the situation of  
23  
24 463 uncivil behaviors in the schools. Standing out to end bully become the trends among students.<sup>44</sup> Some  
25  
26 464 studies believed it is the best if students can come to a resolution between you and the person  
27  
28 465 exhibiting incivility. However, unlike facing the bully, dealing incivility directly with the person might  
29  
30 466 not be a good option. Incivility manifests as a rude or disrespectful action that is difficult to invoke  
31  
32 467 adverse management actions from organization levels. In our study, seeking help from trusted person  
33  
34 468 and organization was the most common strategy used by nursing student. Using indirect confrontation  
35  
36 469 coping strategies can elicit positive results for students such as accommodating negative emotions  
37  
38 470 which is beneficial to build a good interpersonal work relationships.<sup>24, 25, 45</sup> Additionally, these  
39  
40 471 strategies can protect the victims in the hierarchical system.<sup>31, 35</sup> Therefore, it is crucial for hospitals or  
41  
42 472 universities to have an immediate response person or system to help nursing students confronting  
43  
44 473 incivility and to follow up and monitor the development.

45 474  
46 475 We found work overload and job stress were important factors contributing to incivility. This is similar  
47  
48 476 to previous studies showed work overload may increase employee's tendency to display uncivil  
49  
50 477 manners and made them had no time to be nice.<sup>46</sup> There is a significant relationship among workplace  
51  
52 478 incivility, job stress and turnover intention.<sup>47</sup> The consequences of overload and unmanaged stress are  
53  
54 479 the dance of civility. Stress stemming from incivility can also silently kill productivity and  
55  
56 480 staff/students. The vicious cycle of "overload work-work stress- incivility" should be broken.  
57  
58 481 Self-monitoring is an important process for medical staff to detect, reflect and assess their own

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2  
3 482 behavior. Especially, preceptors need to know what are the emotional triggers and how to curb negative  
4  
5 483 responses. Nurse leaders can provide stress-reducing interventions to lead organizational cultural be a  
6  
7 484 more open communication environment and have less incidence of workplace incivility.  
8  
9 485

10 486 Another issue needs to be considered when interpreting our findings. The levels of confidence across  
11  
12 487 six synthesized findings were downgraded due to the dependability issue and a mix of unequivocal and  
13  
14 488 credible findings. Among 18 included studies, the majority did not report authors' influence (e.g. roles,  
15  
16 489 beliefs, and value) on the studies, which influenced the dependability of all synthesized findings. It is  
17  
18 490 recommended that future studies need to strengthen the methodological quality of qualitative studies  
19  
20 491 and add credibility to the research findings.  
21

22 492  
23 493 The strength of this study is that we performed a comprehensive search strategy to find all relevant  
24  
25 494 studies in nine academic databases and four grey literature databases. Both journal articles and thesis  
26  
27 495 were included in order to provide an unbiased result. Another strength is that we used JBI  
28  
29 496 meta-aggregation method to synthesize qualitative data, which avoided re-interpreting of original  
30  
31 497 studies. Finally, to our knowledge, there is no qualitative systematic review on this topic.  
32

### 33 498 34 499 **Limitations**

35  
36 500 Our studies also have limitations. First, as with all meta-syntheses, the findings are limited by the study  
37  
38 501 quality and the interpretations of the original researchers. Additionally, we only included studies in  
39  
40 502 English. All the included studies were conducted in the United States, European countries and  
41  
42 503 Australia. Cultural variation may have variation in individual responses to incivility. Therefore, the  
43  
44 504 findings only can be generalized to other contexts with a similar culture.  
45

### 46 505 47 506 **Conclusions**

48  
49 507 This study synthesized the qualitative evidence on the experiences and perceptions of incivility in the  
50  
51 508 clinical education of nursing students, and evaluated the influence of incivility on student nurses. The  
52  
53 509 findings showed the experience of incivility in clinical education was common and had negative  
54  
55 510 impacts on nursing students and nurse profession. We suggest nursing students try to cope with  
56  
57 511 incivility positively. Nurse managers and clinical preceptors should have the awareness of the  
58

1  
2  
3 512 prevalence and impact of incivility, and implement policies and strategies to reduce incivility for  
4  
5 513 nursing students. Hospitals and universities need to have an immediate response person or system to  
6  
7 514 help nursing students confronting incivility, and create an open communication environment.  
8  
9 515

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15  
16 520 Study design: XWJ; Data collection and appraisal: ZZ, XWJ; Data analysis: ZZ, XWJ; Study  
17  
18 521 supervision: HY; Manuscript writing: ZZ, XWJ; Critical revisions for important intellectual content:  
19  
20 522 LL, HY, GMD. All authors revised and accepted the final draft.  
21  
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29  
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31  
32 529 conflict of interest.  
33  
34 530

#### 35 531 **Data Share Statement**

36  
37 532 No additional data are available  
38  
39 533

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643  
644**Table 1.** Results of quality assessment based on JBI critical appraisal checklist for qualitative studies\*

	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10
1. Altmiller (2012) <sup>15</sup>	U	U	Y	Y	Y	U	U	U	U	Y
2. Anthony (2011) <sup>16</sup>	U	U	Y	Y	Y	U	U	Y	Y	Y
3. Birks et al. (2017) <sup>22</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
4. Cantey (2012) <sup>23</sup>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
5. Clark (2008) <sup>24</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
6. Courtney-Pratt et al. (2017) <sup>25</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
7. Curtis et al. (2007) <sup>26</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
8. Del Prato (2013) <sup>27</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
9. Hakojarvi et al. (2014)	U	Y	Y	Y	Y	U	U	Y	Y	Y
10. Hoel et al. (2007) <sup>29</sup>	U	U	Y	Y	U	U	U	Y	U	Y
11. Jackson et al. (2011) <sup>30</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
12. Lash et al. (2006) <sup>31</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
13. Martel (2015) <sup>32</sup>	Y	Y	Y	Y	Y	U	Y	Y	Y	Y
14. Rees et al. (2015) <sup>33</sup>	Y	Y	Y	Y	Y	U	U	Y	Y	Y
15. Smith et al. (2016) <sup>34</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
16. Thomas (2015) <sup>35</sup>	Y	Y	Y	Y	Y	U	Y	Y	Y	Y
17. Thomas et al. (2015) <sup>36</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
18. Thomas & Burk (2009) <sup>37</sup>	U	U	Y	Y	Y	U	U	Y	Y	Y

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\*C1= Congruity between the stated philosophical perspective and the research methodology;

C2= Congruity between the research methodology and the research question or objectives

C3= Congruity between the research methodology and the methods used to collect data

C4= Congruity between the research methodology and the representation and analysis of data

C5= There is congruence between the research methodology and the interpretation of results

C6= Locating the researcher culturally or theoretically

C7= Influence of the researcher on the research

C8= Representation of participants and their voices

C9= Ethical approval by an appropriate body

C10= Relationship of conclusions to analysis, or interpretation of the data

Y= Yes; N=No; U=Unclear; NA=Not applicable

656 **Table 2.** Characteristics of the studies

Study (Year), Country	Design (Method of data collection)	Interest of phenomenon	Recruitment and participants	Main findings
Altmiller (2012), US <sup>15</sup>	Phenomenology (focus group interview)	To describe the phenomenon of incivility in undergraduate nursing program.	Four universities in US; Twenty-four undergraduate junior and senior nursing students	Nine themes were identified in this study: unprofessional behavior, poor communication techniques, power gradient, inequality, loss of control over one's world, stressful clinical environment, authority failure, difficult peer behaviors, and students' view of faculty perceptions
Anthony (2011), US <sup>16</sup>	Descriptive qualitative study (focus group interview)	To describe the student experiences and perceptions of the incivility in the clinical education.	One nursing school in US; Twenty-one nursing students	The experience of perceived incivility categorized into three themes: 1) exclusionary; 2) hostile or rude, and 3) dismissive. Positive experiences could be felt when the students was welcomed by the staff.
Birks et al. (2017), Australia <sup>22</sup>	Descriptive qualitative study (open-ended questionnaire)	To describe experienced of bullying and harassment among nursing students in the clinical education.	An online platform in Australia; Four hundred and thirty nursing students	Three themes derived from the analysis: manifestations of bullying and harassment, the perpetrators, consequences and impacts.
Cantey (2012), US <sup>23</sup>	Narrative inquiry (semi-structured interview)	To explore the experience of vertical violence among registered nurses during school nurses' clinical education.	One generic class in US Four registered nursing students	Three themes were gleamed from the analysis of data: Rite of Passage; Professional Identity Development, Positive Professional Role Model.
Clark (2008), US <sup>24</sup>	Phenomenology (semi-structured interview)	To describe the nursing students experience of uncivil encounters with nursing faculty.	Four nursing schools in the US; Seven current and former nursing students	Three major themes were identified regarding to incivility conducted by faculty: 1) behaving in demeaning and belittling ways, 2) treating students unfairly and subjectively, and 3) pressuring students to conform to unreasonable faculty demands. Three major themes were identified regarding to students' emotional responses: 1) feeling traumatized, 2) feeling powerless and helpless, and 3) feeling angry and upset.
Courtney-Pratt et al.	Mix-methods	To explore nursing students' experiences about bullying	One Australian university;	Four themes were derived from the analysis: 1) Manifestations of

(2017), Australia <sup>25</sup>	(semi-structured interviews)	in clinical and academic settings.	Twenty-nine first-, second- and third-year undergraduate nursing students	bullying in clinical settings and academic setting; 2) impact of experiences on students, strategies students used to “make sense of” and address bullying, 3) recommendations from students on how to prepare for; and 4) manage bullying.
Curtis et al. (2007), Australia <sup>26</sup>	Descriptive qualitative study (open-ended questionnaire)	To investigate the nursing students' experiences of horizontal violence in nursing workplace in Australia.	One university in Australia; One hundred and fifty-two second- and third- year nursing students	Five major themes were identified: 1) humiliation and lack of respect; 2) powerlessness and becoming invisible; 3) hierarchical nature of horizontal violence; 4) coping strategies; and 5) future employment choices.
Del Prato (2013), US <sup>27</sup>	Phenomenology (In-depth interviews)	To understand the students' experience of faculty incivility in associate degree nursing education.	One university in US; Thirteen nursing students from three associate degree nursing education programs	Faculty incivility categorized into four themes: 1) demeaning experiences; 2) subjective evaluation; 3) rigid expectations, and 4) targeting and weeding out practices.
Hakojarvi et al. (2014), Finland <sup>28</sup>	Descriptive study (an electronic semi-structured questionnaire)	To describe health care students' (including nursing students) personal experiences of the bullying by the staff or clinical instructors in clinical settings.	Two university in Finland; Forty-one health care students from	1) Students experienced both verbal and non-verbal bullying in the clinical training. 2) Bullying influenced the students' motivation and professional engagement. 3) Some students thought it was useless to share with the experience with their teacher and instructors. However, those students who shared the bullying experience received emotion support and information.
Hoel et al. (2007), UK <sup>29</sup>	Not specified (focus group interview & one-to-one interview)	To explore nursing students' experiences and perceptions of bullying in clinical setting.	Recruited from universities and an advertisement in UK Forty-eight nursing students	1) Students felt exploited, ignored and unwelcome. 2) Bullying experiences had strong effect on the institutionalizing an unwelcoming culture in the clinical setting. 3) Students' coping mechanisms contributed to reproducing negative behaviors toward to them.
Jackson et al. (2011),	Not specified	To explore undergraduate students' experiences of	An online website in Australia;	Three themes were categorized: 1) Confronted by contradiction:

Australia <sup>30</sup>	(open-ended questionnaire)	negative behaviors in the clinical settings.	One hundred and five nursing students from a large Australian university	students as 'Other'; 2) Organizational aggression as a legitimating device; 3) Resisting 'othering': securing a legitimate identity as a student
Lash et al. (2006), Turkey <sup>31</sup>	Phenomenology (focus group interview)	To describe nursing and midwifery students' experiences with perceived verbal abuse in clinical settings in Turkey.	One university in Turkey; Seventy-three nursing and midwifery students	Four categories were derived from interviews: 1) experiences of verbal abuse; 2) perceptions of the effects of verbal abuse; 3) ways of coping with verbal abuse; 4) recommendations to prevent and effectively respond
Martel (2015), UK <sup>32</sup>	Phenomenology (semi-structured interviews)	To describe the experience of nursing students about nursing staff's incivility.	One university in UK; Seven BSN students	Uncivil behaviors deprived into three themes: 1) lack of receptiveness; 2) belittling; and 3) failing to recognize the assistance of students. Consequence of uncivil behaviors including: emotional hurt, loss of confidence, discouragement, fear, demotivation, and unhappiness
Rees et al. (2015), UK <sup>33</sup>	Not specified (individual and group interviews)	To explores dental, nursing, pharmacy and physiotherapy students' experiences about workplace abuse.	Three universities in UK; Sixty-nine healthcare students (n=13 nursing students)	1) Covert abuse was the most reported type of abuse in the narratives; 2) Individual, relational, work and organizational factors contributed to abuse. The perpetrators was the most important factors; 3) Most participants acted in the face of their abuse; d) Perpetrator-recipient relationship is the main contributory factor.
Smith et al. (2016), US <sup>34</sup>	Descriptive qualitative study (focus group interview)	To explore what types of bullying behaviors nursing students encountered in the clinical replacement and how these encounters impacted them.	Four colleges in US; Fifty-six undergraduate nursing students	Four categories were identified: 1) bullying behaviors; 2) rationale for bullying; 3) response to bullying, and 4) recommendations to address bullying.
Thomas (2015), US <sup>35</sup>	Phenomenology (semi-structured interviews)	To understand the nursing students' experience of incivility in a clinical education setting	One university in US; Twelve junior and senior nursing students in a baccalaureate nursing program	Nursing students felt unprepared to effectively respond when encountering incivility and experienced emotional and behavioral harm from the encounters.
Thomas et al. (2015), UK <sup>36</sup>	The classic grounded theory (diary)	To explore the impacts of the first clinical placement on the professional socialization of adult undergraduate	Twenty-six undergraduate adult student nurses in UK	Incivility is comprised of three stages including: 1) stage of dislocation (disillusionment with role, needing benevolence, and

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		student nurses in the UK.		being altruistic); 2) stage of status negotiation (significant others, seeking recompense, and brokering for learning); 3) stage of status relocation (being benevolent, maintaining values, and recanting status).
Thomas & Burk (2009), US <sup>37</sup>	Descriptive study (story written)	To explore the experience of injustice perpetrated by staff RNs during nursing students' clinical replacement.	One university in US; Two hundred and twenty-one junior nursing students	Four levels of injustice were described: 1)"We Were Unwanted and Ignored"; 2) "Our Assessments Were Distrusted and Disbelieved"; 3)"We Were Unfairly Blamed"; and 4)"I Was Publicly Humiliated"

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**Table 3. Synthesized Findings**

Findings	Categories	Synthesized Findings
Diverse, overt and covert, verbal and non-verbal (U) Unavoidable, unprepared, pervasive and recurring (U) Ongoing and endless, continued in professional lives (U) Multiple perpetrators, clinical instructors, other nurse staff, Physicians, healthcare assistants, ward cleaner (U) Being difficult to prove (U) Hierarchical (C)	Feature/nature of incivility	1. There are different types of incivility that can be experienced by nursing students. Some are noticeable while others can be more subtle which are hard to be proved. Most of the nursing students are unprepared for the incivility from multiple perpetrators.
Failed to provide learning opportunities or guidance (U) Rigid expectations for students' abilities (U) Excessive use of students for legwork or own gains (U) Arbitrary changes in syllabi, assignment and schedule (U) Being questioned inadequately (C) Constant criticism and negative feedback (U) Not protecting students for safety (U) Belittlement (U) Condescending (U) Be intimidated (U) Personality criticism (C) Humiliation in front of staff and patients (U) Talking about students behind backs (U) Being called derogatory names (U) Being shouted at (U) Hostile body language (eyeing rolling, without eye contact) (U)	Lack of professionalism       unrespect	2. Faculty incivility in the clinical education context toward nursing students manifests as lack of professionalism in the workplace, being unrespect and unfair toward nursing students, and letting nursing students feel unwanted and ignored in the workplace. What's worse, some manifestations including physical abuse and sexual harassment violate the law
Feeling like a nuisance (U) Not being involved into nursing activities (U) Refusal to answer, help or support (U) Not being permitted to use staff room (U)	unwanted and ignored	
Favoritism (U) Being targeted or retaliation (U) Racial/ethnic bias (U) Gender bias (U) Appearance bias (U) Subjective evaluation (U)	inequality	
Physical abuse (U) Sexual harassment (U)	Other manifestations which violate the law	
Helplessness/hopelessness/powerlessness (U) Loss of self-esteem, worth and confidence (U) Stress, depression, distress, fear, anger, upset, anxiety (U) Suicidal, self-harm (C)	Psychological symptoms	3. Faculty incivility in the clinical education context not only has a huge physical and emotional impact on nursing students but also influences the process of professional formation.
Sleep disorders, fatigue, sweating, tearfulness, nausea, vomit, headaches, chest pain, palpitations, cardiac and abdominal symptoms, overeating or appetite loss (U)	Physical symptoms	

1 2 3 4 5 6 7	Deleterious consequences for patients (C) Doubting profession choice and having the desire to quit nursing (U) Loss of motivation, productivity and performance (U)	Professional formation	
8 9 10 11 12	Tolerated and reticent to report (U) Becoming invisible (U) Accepting as a part of student life (U) Leaving nursing program (U)	Negative coping	4. Facing faculty incivility in the clinical context, nursing students can develop either negative or positive coping strategies to accept the harsh realities of life or fighting incivility.
13 14 15 16 17 18 19 20 21 22 23 24 25	Standing up to report (U) Improving communication with staff (U) Sharing with families and friends (U) Seeking support from nice nurse faculty (U) Seeking advice from trusted university staff (U) Sharing in end-of-semester evaluations (U) Trying to understand from staff's viewpoint (U) Developing self-resilience (C) Maintaining self-values and restoring confidence (U) Standing up to report (U) Being benevolent and would not perpetuate incivility (U)	Positive Coping	
26 27 28 29 30 31 32 33 34 35 36	Conflicts among staff (U) Workplace stressors and overload (U) Personal life stressor (U) Previous bad encounters with students (U) Limited availability of instructor (U) Limited competency (U) Characteristics and personalities (U) Misperceptions about university education (U) Generation gap (C)	staff-related factors	5. Students' individual, staff, and clinical culture factors place nursing students at risk for incivility. These factors work individually or collectively,
37 38 39 40 41	Showing less respect (U) Limited power (C) Youth, gender and inexperience (U) Characteristics and personalities (U)	Students-related factors	
42 43 44	Rite of passage/vicious cycle (U) The culture of "students not welcome" (U)	Culture-related factors	
45 46 47 48 49	Educate and prepare students responses to incivility (U) Immediate response person or system (U) Faculty follow up and monitor (U) Peer support and opportunities (U)	Suggestions to university	6. Both university and hospital can consistently respond to faculty incivility in clinical education towards nursing students. Building an anti-incivility environment needs university and hospital working together.
50 51 52 53	Qualifications of preceptors and continuous evaluation (U) Having a perceived authority of instructors (C) Clarifying the role of nursing students (U) Positive professional role model (C)	Suggestions to hospital	

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**Table 4.** ConQual Summary of findings

Synthesized Findings	Type of Research	Dependability	Credibility	ConQual Score
1. There are different types of incivility that can be experienced by nursing students. Some are noticeable while others can be more subtle which are hard to be proved. Most of the nursing students are unprepared for the incivility from multiple perpetrators.	Qualitative	Downgrade 1 level	Downgrade 1 level	Low
2. Faculty incivility in the clinical education context toward nursing students manifests as lack of professionalism in the workplace, being unrespect and unfair toward nursing students, and letting nursing students feel unwanted and ignored in the workplace. What's worse, some manifestations including physical abuse and sexual harassment violate the law	Qualitative	Downgrade 1 level	Downgrade 1 level	Low
3. Faculty incivility in the clinical education context not only has a huge physical and emotional impact on nursing students but also influences the process of professional formation.	Qualitative	Downgrade 1 level	Downgrade 1 level	Low
4. Facing faculty incivility in the clinical context, nursing students can develop either negative or positive coping strategies to accept the harsh realities of life or fighting incivility.	Qualitative	Downgrade 1 level	Downgrade 1 level	Low
5. Students' individual, staff, and clinical culture factors place nursing students at risk for incivility. These factors work individually or collectively,	Qualitative	Downgrade 1 level	Downgrade 1 level	Low
6. Both university and hospital can consistently respond to faculty incivility in clinical education towards nursing students. Building an anti-incivility environment needs university and hospital working together.	Qualitative	Downgrade 1 level	Downgrade 1 level	Low

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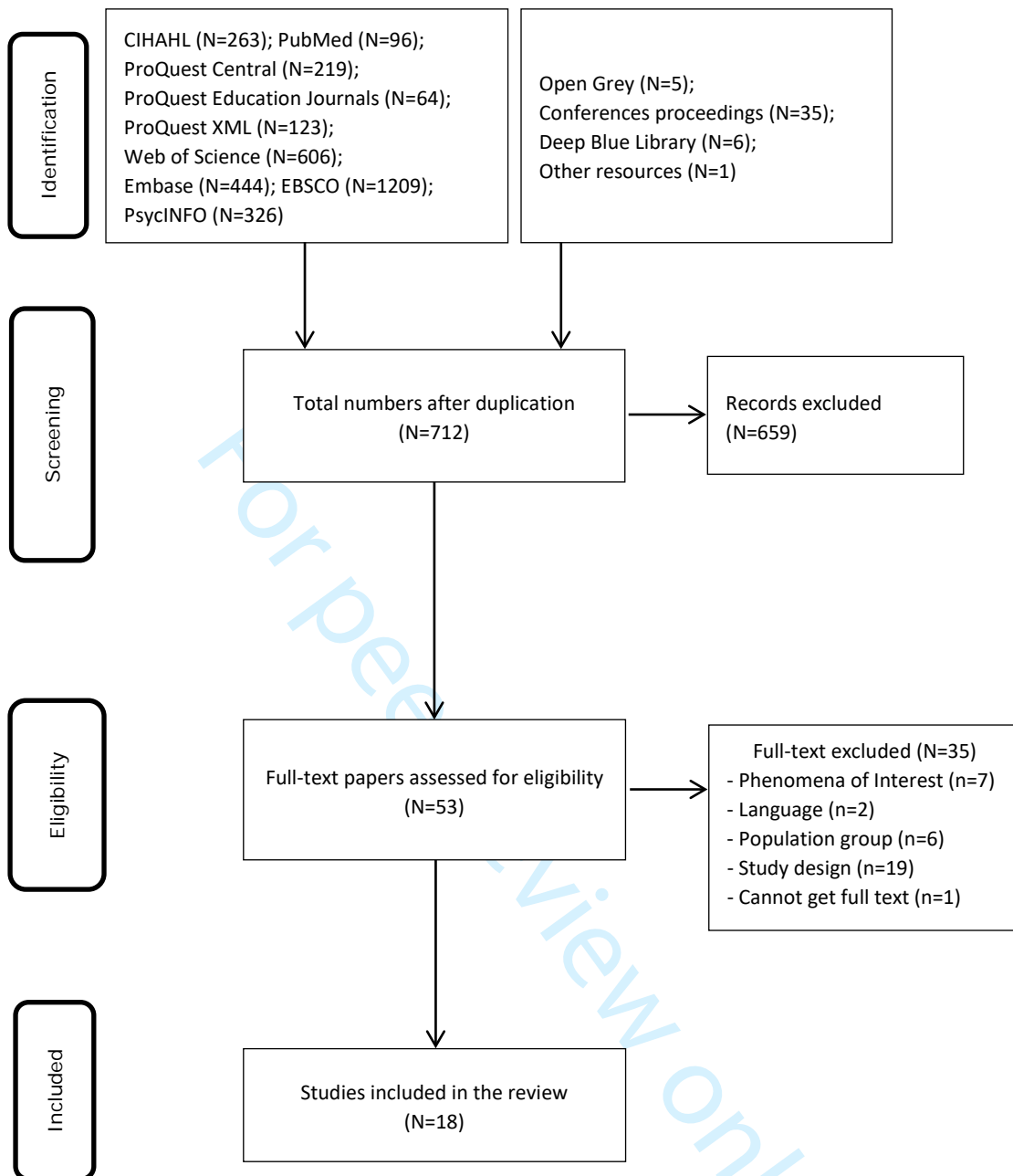
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3 663 **Figure 1** Flow chart of the search strategy and results  
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5 664 **Appendix I** the ENTREQ statement  
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7 665 **Appendix II:** Search strategy for PubMed (MEDLINE)  
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## Appendix I the ENTREQ statement

Section/topic	#	Checklist item	Reported on Page #
Aim	1	State the research question the synthesis addresses.	P5
Synthesis methodology	2	Identify the synthesis methodology or theoretical framework which underpins the synthesis, and describe the rationale for choice of methodology (e.g. meta-ethnography, thematic synthesis, critical interpretive synthesis, grounded theory synthesis, realist synthesis, meta-aggregation, meta-study, framework synthesis).	P5
Approach to searching	3	Indicate whether the search was pre-planned (comprehensive search strategies to seek all available studies) or iterative (to seek all available concepts until they theoretical saturation is achieved).	P6
Inclusion criteria	4	Specify the inclusion/exclusion criteria (e.g. in terms of population, language, year limits, type of publication, study type).	P6
Data sources	5	Describe the information sources used (e.g. electronic databases (MEDLINE, EMBASE, CINAHL, psycINFO, Econlit), grey literature databases (digital thesis, policy reports), relevant organizational websites, experts, information specialists, generic web searches (Google Scholar) hand searching, reference lists) and when the searches conducted; provide the rationale for using the data sources.	P6
Electronic Search strategy	6	Describe the literature search (e.g. provide electronic search strategies with population terms, clinical or health topic terms, experiential or social phenomena related terms, filters for qualitative research, and search limits).	P6 & Appendix II.
Study screening methods	7	Describe the process of study screening and sifting (e.g. title, abstract and full text review, number of independent reviewers who screened studies).	Fig. 1
Study characteristics	8	Present the characteristics of the included studies (e.g. year of publication, country, population, number of participants, data collection, methodology, analysis, research questions).	Table 2
Study selection results	9	Identify the number of studies screened and provide reasons for study exclusion (e.g. for comprehensive searching, provide numbers of studies screened and reasons for exclusion indicated in a figure/flowchart; for iterative searching describe reasons for study exclusion and inclusion based on modifications to the research question and/or contribution to theory development).	Fig. 1

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Rationale for appraisal	10	Rationale for appraisal	P6
Appraisal items	11	State the tools, frameworks and criteria used to appraise the studies or selected findings (e.g. Existing tools: CASP, QARI, COREQ, Mays and Pope; reviewer developed tools; describe the domains assessed: research team, study design, data analysis and interpretations, reporting).	Table 1
Appraisal process	12	Indicate whether the appraisal was conducted independently by more than one reviewer and if consensus was required.	P6
Appraisal results	13	Present results of the quality assessment and indicate which articles, if any, were weighted/excluded based on the assessment and give the rationale.	Table 1
Data extraction	14	Indicate which sections of the primary studies were analyzed and how were the data extracted from the primary studies? (e.g. all text under the headings "results /conclusions" were extracted electronically and entered into a computer software).	P7
Software	15	State the computer software used, if any.	P7
Number of reviewers	16	Identify who was involved in coding and analysis.	P7
Coding	17	Describe the process for coding of data (e.g. line by line coding to search for concepts).	P7
Study comparison	18	Describe how were comparisons made within and across studies (e.g. subsequent studies were coded into pre-existing concepts, and new concepts were created when deemed necessary).	P7
Derivation of themes	19	Explain whether the process of deriving the themes or constructs was inductive or deductive.	P7
Quotations	20	Provide quotations from the primary studies to illustrate themes/constructs, and identify whether the quotations were participant quotations of the author's interpretation.	P10-P17
Synthesis output	21	Present rich, compelling and useful results that go beyond a summary of the primary studies (e.g. new interpretation, models of evidence, conceptual models, analytical framework, development of a new theory or construct).	P10-P17

1 **Appendix II:** Search strategy for PubMed (MEDLINE)

2 Date: 2018.01.06

3 Database: PubMed (MEDLINE)

Set #		Results
1	incivility [MeSH] OR bullying[MeSH] OR "workplace violence" [MeSH] OR incivilit*[tiab] OR bully[tiab] OR uncivil[tiab] or aggression*[tiab] or harass* [tiab] OR mob [tiab] mobs [tiab] OR mobbing [tiab] OR victimiz* [tiab] OR ill-treat*[tiab] or abuse*[tiab] OR [tiab] OR oppress*[tiab] OR "horizontal violence"[tiab] OR "lateral violence" [tiab] OR disruptive[tiab] OR mistreat*[tiab] OR dilemma*[tiab] OR distress*[tiab] OR violen*[tiab] OR "nurses eat their young"[tiab]	12207
2	nurse [MeSH] OR nurs*[tiab] OR health[tiab]	442373
3	student[MeSH] OR student*[tiab] OR undergraduate* [tiab] OR graduate* [tiab]	298999
4	Hospitals[MeSH] OR workplace[MeSH] OR Hospital*[tiab] OR clinic [tiab] clinical [tiab] OR workplace*[tiab] OR work[tiab] OR "job site*" [tiab]	1144910
5	#1 AND #2 AND #3	96

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**Nursing students' experiences with faculty incivility in a clinical education context: A qualitative systematic review and meta-synthesis**

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2018-024383.R1
Article Type:	Research
Date Submitted by the Author:	22-Oct-2018
Complete List of Authors:	Zhu, Zheng; Fudan University School of Nursing, Xing, Weijie; Fudan University School of Nursing Lizarondo, Lucylynn; University of Adelaide, The Joanna Briggs Institute Guo, Mengdi ; School of public affairs Zhejiang University Hu, Yan; Fudan University, School of Nursing
<b>Primary Subject Heading</b>:	Medical education and training
Secondary Subject Heading:	Nursing, Medical education and training
Keywords:	Nurse education, Incivility, Systematic review, Meta-synthesis

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Manuscripts

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4 1 **Nursing students' experiences with faculty incivility in clinical education context:**  
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6 2 **A qualitative systematic review and meta-synthesis**  
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8 3

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43 21  
44 22 **Word Count:** 4929  
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4 245 25 **Nursing students' experiences with faculty incivility in a clinical education context:**6 26 **A qualitative systematic review and meta-synthesis**7  
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9 2710  
11 28 **Abstract**12  
13 29 **Objective:** The aim of this study is to synthesize evidence for the experiences and perceptions of incivility14  
15 30 during the clinical education of nursing students.16  
17 3118  
19 32 **Design:** We used a meta-aggregation approach to conduct a systematic review of qualitative studies.20  
21 3322  
23 34 **Data sources:** Published and unpublished papers from 1990 until 13 January 2018 were searched using24  
25 35 electronic databases, including CINAHL, PubMed (MEDLINE), ProQuest Central, ProQuest Education26  
27 36 Journals, ProQuest XML-Dissertations and Theses, Web of Science, Embase, EBSCO Discovery Service28  
29 37 and PsycINFO. The search for unpublished studies included the Open Grey collection, conference30  
31 38 proceedings, and the Deep Blue Library.32  
33 3934  
35 40 **Eligibility criteria:** We included qualitative studies that focused on nursing students' perceptions and36  
37 41 experiences of incivility from faculty during their clinical education.38  
39 4240  
41 43 **Data extraction and synthesis:** Two reviewers independently appraised the methodological quality and42  
43 44 extracted relevant data from each included study. Meta-aggregation was used to synthesize the data.44  
45 4546  
47 46 **Results:** A total of 3397 studies were returned from the search strategies. Eighteen studies fulfilled the48  
49 47 inclusion criteria and were included in the meta-synthesis. Six synthesized findings were identified,50  
51 48 covering features of incivility, manifestations of incivility, contributing factors, impacts on students, coping52  
53 49 strategies, and suggestions.54  
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4 51 **Conclusions:**

5 52 The results showed experiences of incivility during clinical education. However, the confidence was low  
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7 53 for all synthesized findings. We suggest that nursing students should try to cope positively with incivility.  
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9 54 Nurse managers and clinical preceptors should be aware of the prevalence and impact of incivility and  
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11 55 implement policies and strategies to reduce incivility towards nursing students. Hospitals and universities  
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13 56 should have an immediate response person or system to help nursing students confronting incivility and  
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15 57 create an open communication environment.  
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19 59 **Keywords:** Nurse education; Incivility; Systematic review; Meta-synthesis  
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25 62 **Strengths and limitations of this study**  
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- 27 63 ● We used the JBI meta-aggregation method to synthesize qualitative data, which minimized  
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29 64 re-interpretation of original studies.  
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31 65 ● We performed a comprehensive search strategy to find all relevant studies in nine academic databases  
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33 66 and four grey literature databases.  
34  
35 67 ● Both published articles and theses were included to provide unbiased results.  
36  
37 68 ● We only included studies in English. All included studies were conducted in the United States,  
38  
39 69 European countries and Australia. Cultural variation may have accounted for individual responses to  
40  
41 70 incivility.  
42  
43 71

## 72 **Introduction**

73 Incivility is defined as a rude and deviant act characterized by low-intensity discourteous behaviour with or  
74 without intent to harm, offend and humiliate the target.<sup>1,2</sup> For decades, nurse-to-student incivility has been  
75 prevalent in clinical settings. The unfortunate idiom “nurses eat their young” has been used for more than  
76 30 years.<sup>3</sup> Previous studies showed that nursing students had experiences of being bullied, harassed and  
77 unfairly blamed by clinical faculty. The results from a study conducted by Clark and Springer revealed that  
78 over 70% of 356 respondents believed that incivility in nursing education was a moderate or serious  
79 problem and had increased over the last five years.<sup>4</sup> A survey conducted in Oman showed over 40% of the  
80 respondents experienced different forms of incivility, including being disrespectful, being unprepared for  
81 class, and cancelling scheduled activities without warning.<sup>5</sup> The literature suggests that several key factors  
82 contribute to incivility.

83  
84 Rowland and Srisukho found that gender, class standing, average grade, informal interactions between  
85 faculty and students, and academic achievement were the key factors associated with incivility towards  
86 students.<sup>6</sup> Vink et al. indicated that factors contributing to incivility could be categorized into three themes  
87 (academic, psycho-pathological, and social factors).<sup>7</sup> Other factors identified by previous studies included  
88 policies on uncivil behaviours, the political atmosphere, and environmental factors.<sup>8,9</sup>

89  
90 In the face of high rates of nurse turnover and workforce attrition in nursing, nurse educators and managers  
91 have realized that incivility in clinical settings can be contributory because it can harm both individuals and  
92 their organizations. Anthony et al. and Kinley found that incivility could negatively influence students’  
93 confidence, make them question whether they were completely incompetent as a nurse, and lead to a high  
94 level of turnover among new graduate nurses during their first two years of employment.<sup>10, 11</sup> The studies  
95 conducted by Seibel and Milesky et al. showed that victims of incivility suffered from physical and  
96 emotional distress that affected patient care and was related to patient safety.<sup>12, 13</sup> The report from the Joint  
97 Commission showed that uncivil behaviour in the health care setting could lead to medical errors, poor  
98 clinical outcomes, low patient satisfaction, and increased costs of care.<sup>14</sup>

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100 Nursing faculty incivility in clinical education has also been reported in the literature. Altmiller and  
101 Anthony and Yastik conducted focus group interviews to describe the phenomenon of incivility in  
102 undergraduate nursing programmes.<sup>15, 16</sup> Although the qualitative research yielded in-depth information  
103 from a small sample of participants, the external validity and transferability of results from a single study  
104 were still limited. A variety of aspects of the experience of faculty incivility need to be integrated to  
105 produce more robust evidence across multiple qualitative studies. Obtaining a deep understanding of the  
106 phenomenon is necessary for the use of mindfulness solutions to inform the practice and transform the  
107 culture of the workplace. To obtain a comprehensive picture of this phenomenon, we used the  
108 meta-synthesis approach to manage and report findings from multiple qualitative research studies.<sup>17</sup>

109

110 The aim of this study is to synthesize evidence based on the experiences and perceptions of nursing  
111 students regarding incivility in clinical education. Specifically, the review addressed the following research  
112 questions: 1) What behaviour in the clinical environment did the student consider uncivil? 2) To what  
113 extent did these behaviours affect them? 3) What strategies did they use to cope with incivility?

114

## 115 **Methods**

116 We used a meta-aggregation approach to conduct a systematic review of qualitative studies following the  
117 Enhancing Transparency in Reporting the Synthesis of Qualitative research (ENTREQ) statement  
118 (Appendix I).<sup>18</sup>

119

## 120 **Inclusion criteria**

121 The inclusion criteria included the following: 1) the participants were current nursing students undergoing  
122 clinical education or had already completed their clinical education; 2) the phenomena of interest focused  
123 on the perceptions and experiences of incivility from faculty during clinical education; 3) context: faculty  
124 incivility must have occurred in clinical settings or during clinical education; 4) qualitative studies  
125 including but not limited to ethnographies, phenomenologies, narrative studies, grounded theory, and case

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4 126 studies; additionally, mixed-method studies with a narrative description of faculty or student voices  
5  
6 127 describing the phenomena under study were also considered; and 5) studies published in English.

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10 129 **Search strategy**

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12 130 We included both published and unpublished papers. A three-step search approach was conducted in this  
13  
14 131 study. First, we searched MEDLINE (via PubMed) to analyse the text words and the index terms that could  
15  
16 132 be used in the comprehensive search. Second, a comprehensive search was conducted across all included  
17  
18 133 databases using keywords and index terms. The databases included CINAHL, PubMed (MEDLINE),  
19  
20 134 ProQuest Central, ProQuest Education Journals, ProQuest XML-Dissertations and Theses, Web of Science,  
21  
22 135 Embase, EBSCO Discovery Service and PsycINFO. The search for unpublished studies included the Open  
23  
24 136 Grey collection, conference proceedings, and the Deep Blue Library. Relevant papers published from 1990  
25  
26 137 until 13 of January 2018 were evaluated. The search terms included nurs\* AND (student\* OR graduate\*)  
27  
28 138 AND (incivilit\* OR bully\* OR workplace violence OR uncivil OR aggression\* OR harass\*) AND  
29  
30 139 (hospital\* OR clinic\* OR workplace\*). The search strategy for PubMed (MEDLINE) is available in  
31  
32 140 Appendix II. In the third step, additional studies were searched manually by screening the references of  
33  
34 141 related studies. The search results were imported into Endnote X8 (Clarivate Analytics, Philadelphia, PA),  
35  
36 142 which was used to manage the literature.

37  
38 143

39  
40 144 **Critical appraisal**

41  
42 145 We used *the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Qualitative Research* to assess  
43  
44 146 the methodological quality of the included studies.<sup>19</sup> This 10-item JBI critical appraisal tool is designed to  
45  
46 147 assess research quality in different domains, including research methodology and conceptual depth of  
47  
48 148 reporting. Two reviewers appraised the methodological quality of each included study independently (ZZ  
49  
50 149 and XWJ). Disagreements were resolved through discussion.

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54 151 **Data extraction**

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4 152 The JBI standardized form was used to extract qualitative data. The data extraction form included the  
5  
6 153 following domains: study (year), country, design (data collection method), phenomenon of interest,  
7  
8 154 recruitment and participants, and main findings including relevant illustrative quotations. Relevant data  
9  
10 155 were extracted independently by two reviewers (ZZ and XWJ). Disagreements were resolved through  
11  
12 156 discussion.

13  
14 157

### 15 158 **Data synthesis**

16  
17 159 The JBI meta-aggregation method was used to synthesize the data. Meta-aggregation is one approach that  
18  
19 160 can be used to synthesize qualitative evidence based on the primary author's findings and is a useful  
20  
21 161 method for generating recommendations for action.<sup>19</sup> This approach focuses on integration of findings from  
22  
23 162 processed data rather than raw data collected from participants. The overall goal of meta-aggregation is to  
24  
25 163 produce synthesized findings that are highly relevant for practitioners, patients and policy makers.<sup>19</sup> Data  
26  
27 164 extraction, comparison and synthesis were conducted using JBI-SUMARI.<sup>20</sup> The procedures involved four  
28  
29 165 steps. 1) Thorough repeated reading of the paper, with verbatim statements and accompanying quotations  
30  
31 166 extracted from each study by the primary reviewer (XWJ). Only findings identified as highly correlated  
32  
33 167 with our phenomenon of interest were extracted from each study. To ensure rigor, the second reviewer (ZZ)  
34  
35 168 checked all extractions. 2) Two reviewers (ZZ and XWJ) independently assigned the credibility level for  
36  
37 169 each research finding. All disagreements were resolved through discussion. If more than one quotation was  
38  
39 170 included for the same finding, we assigned the highest level of credibility (unequivocal > credible >  
40  
41 171 unsupported). 3) Findings rated as unequivocal or credible were aggregated into categories based on similar  
42  
43 172 meanings. Findings rated as unsupported were eliminated from the subsequent analysis. The categories  
44  
45 173 were determined by the primary reviewer (XWJ) and affirmed by the second reviewer (ZZ). Disagreements  
46  
47 174 were resolved by consensus. 4) Categories with commonality were further integrated into the synthesized  
48  
49 175 findings by the primary reviewers. The synthesized findings and recommendations were examined by all  
50  
51 176 co-authors involved in nursing education.

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### 54 178 **Confidence in the findings**

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4 179 The synthesized findings were assessed using the JBI ConQual approach to determine the confidence  
5  
6 180 level.<sup>21</sup> The confidence level was rated high, moderate, low, or very low based on the dependability and  
7  
8 181 credibility of the included study.

9  
10 182  
11 183 The dependability for each included study was determined through evaluation of five criteria from the JBI  
12  
13 184 critical appraisal for qualitative studies. The criteria evaluated whether the research methods were  
14  
15 185 appropriate for the chosen research design. The dependability of the synthesized finding was based on the  
16  
17 186 dependability of the included study.<sup>21</sup>

18  
19 187  
20  
21 188 The credibility of each research finding was determined based on the congruity between the study's  
22  
23 189 interpretation of the findings and the participants' quotations. The credibility level can be unequivocal (U),  
24  
25 190 credible (C), or unsupported (UN). The credibility of each synthesized finding was based on the credibility  
26  
27 191 level of the individual research findings. If not all research findings included in a synthesized finding were  
28  
29 192 unequivocal (U), then the credibility of the synthesized findings was downgraded.<sup>21</sup>

30  
31 193

#### 32 33 194 **Patient and public involvement**

34  
35 195 No patients or members of the public were involved in the design of this systematic review.

36  
37 196

### 38 39 197 **Results**

#### 40 41 198 **Literature search**

42  
43 199 The outcomes of the literature search are outlined in Fig. 1. Initially, a total of 3397 studies was returned  
44  
45 200 from the search strategies. After screening the titles and abstracts, we reduced the number of papers to 53  
46  
47 201 for full-text evaluation. Subsequently, 18 studies fulfilled the inclusion criteria and were included in the  
48  
49 202 meta-synthesis.<sup>15, 16, 22-37</sup>

50  
51 203

#### 52 53 204 **Quality assessment**

205 Table 1 summarizes the quality assessment of the 18 selected studies. All 18 studies had similar phenomena  
206 of interest, methodologies, and data analysis methods. Only one study reported the potential beliefs and  
207 values of the authors that might have influenced the findings.<sup>23</sup> Three studies reported the authors' roles in  
208 the study that might have potentially influenced the interpretation of the findings.<sup>23, 32, 35</sup> One study did not  
209 provide representations of the participants and their voices.<sup>15</sup> Two studies did not report the ethical  
210 approval process.<sup>15, 29</sup> The disagreement rate between the two reviewers was 6.6%.

211

### 212 **Study description**

213 The study characteristics are summarized in Table 2. Among the 18 studies, 15 studies were published  
214 papers<sup>15, 16, 22, 24-31, 33, 34, 36, 37</sup> and three were PhD theses.<sup>23, 32, 35</sup> Six studies used individual semi-structured  
215 or unstructured interviews to collect data,<sup>23-25, 27, 32, 35</sup> four studies used focus group interviews,<sup>15, 16, 31, 34</sup>  
216 four studies used open-ended questionnaires,<sup>22, 26, 28, 30</sup> two studies used both individual and group  
217 interviews,<sup>29, 33</sup> and two studies collected data from diaries and stories written by nursing students.<sup>36, 37</sup>  
218 Most of the included studies were published from 2012 to 2017 (n = 11).<sup>15, 22, 23, 25, 27, 28, 32-36</sup> The studies  
219 were conducted in five different countries: the United States (n = 8),<sup>15, 16, 23, 24, 27, 34, 45, 37</sup> the United  
220 Kingdom (n = 4),<sup>29, 32, 33, 36</sup> Australia (n = 4),<sup>22, 25, 26, 30</sup> Finland (n=1),<sup>28</sup> and Turkey (n=1).<sup>31</sup> Six studies  
221 reported recruitment across multiple universities/hospitals.<sup>15, 24, 28, 29, 33, 34</sup> Two studies recruited participants  
222 through online platforms.<sup>22, 30</sup> The total number of nursing students included in this systematic review was  
223 1182. Among all of the participants, 348 participants joined an interview, and 834 participants completed a  
224 questionnaire or diary. The sample sized ranged from 4<sup>23</sup> to 430 participants.<sup>22</sup>

225

### 226 **Review finding**

227 Eighty findings were retrieved from 18 articles. Six synthesized findings were identified. Of these findings,  
228 70 were rated as unequivocal and 10 as credible. An overview of these synthesized findings is summarized  
229 in Table 3.

230

### 231 ***Synthesized finding 1***



1  
2  
3  
4 232 *Different types of incivility can be experienced by nursing students. Some types are noticeable, whereas*  
5 233 *others can be more subtle and are difficult to prove. Most nursing students are unprepared for incivility*  
6  
7 234 *from multiple perpetrators.*

8  
9 235  
10  
11 236 This synthesized finding originated from six findings and was grouped into one category. Many of the  
12  
13 237 studies describe the features of the incivility. The nursing students perceived diverse incivilities in the  
14  
15 238 clinical workplace. The forms of incivility could be either overt or covert and verbal or non-verbal.<sup>22, 25</sup>  
16  
17 239 Many nursing students believed that incivility in the clinical workplace was pervasive and recurring and  
18  
19 240 that experiencing incivility during clinical education was unavoidable.<sup>22, 25, 34</sup> One nursing student indicated  
20  
21 241 that incivility was a “rite of passage”.<sup>22</sup>

22  
23 242  
24  
25 243 *“It is a serious issue, more of the bullying occurs from registered nurses, a profession where we are*  
26  
27 244 *meant to care for one another. They are eating their young and wonder why people want to quit*  
28  
29 245 *nursing. They forget they were just like us once”.*<sup>22</sup>

30  
31 246  
32  
33 247 Because the idea of equality between nursing students and clinical staff did not seem viable, the incivility  
34  
35 248 was apparently ongoing and not a onetime occurrence.<sup>26, 35</sup> In this hierarchical system, nursing students  
36  
37 249 believed that to succeed they had to accept their role as defined by those with power and authority.<sup>15, 26, 35</sup>  
38  
39 250 They described perceiving incivility from multiple perpetrators, including clinical instructors, other nursing  
40  
41 251 staff, physicians, healthcare assistants, and ward cleaners.<sup>22, 28-31, 35</sup> However, the students felt that proving  
42  
43 252 they were being bullied or maltreated was difficult.<sup>28</sup>

44  
45 253

#### 46 254 ***Synthesized finding 2***

47  
48 255 *Faculty incivility in the clinical education context toward nursing students manifests as a lack of*  
49  
50 256 *professionalism in the workplace, being disrespectful and unfair toward nursing students, and making*  
51  
52 257 *nursing students feel unwanted and ignored in the workplace. Worse, some manifestations, including*  
53  
54 258 *physical abuse and sexual harassment, violate the law.*

259

260 This synthesized finding originated from 28 findings and was grouped into five categories. The acts of  
261 incivility in clinical education can be categorized into lack of professionalism, being disrespectful, feeling  
262 unwanted and ignored, inequality, physical abuse, and sexual harassment.

263

264 Nursing students noted a range of manifestations as a lack of professionalism from medical staff, including  
265 failing to provide learning opportunities or guidance,<sup>31, 32</sup> having rigid expectations for students' abilities,<sup>22,</sup>  
266 <sup>24, 27, 33, 37</sup> excessive use of students for legwork or their own gains,<sup>31-33, 37</sup> arbitrary changes in syllabi,  
267 assignments and schedules,<sup>24</sup> questioning students inadequately,<sup>35</sup> giving constant criticism and negative  
268 feedback,<sup>27, 32, 35</sup> and not protecting the students' safety.<sup>32</sup>

269

270 *"A nurse said, 'You are wasting your time with care plans. We used to do them, but they do not*  
271 *work.' After hearing this, I lost confidence in my education".<sup>31</sup>*

272

273 Fourteen studies noted disrespectful behaviours from the medical staff. Characteristics exemplifying  
274 disrespectful behaviour included belittlement,<sup>15, 24, 27, 29, 30, 35, 37</sup> being condescending,<sup>24, 34</sup> intimidation,<sup>27, 33,</sup>  
275 <sup>34</sup> criticism of personality,<sup>22, 37</sup> humiliation in front of staff and patients,<sup>22, 23, 26-28, 33, 37</sup> talking about students  
276 behind their backs,<sup>22</sup> calling students derogatory names,<sup>22, 32-34</sup> shouting at students,<sup>28, 33</sup> and having hostile  
277 body language (e.g., eye rolling and avoiding eye contact).<sup>22, 36, 37</sup>

278

279 *"... and then in the end... she just got a bit angry with me sort of in front of the patient. . . and said*  
280 *some things like (coughs) I didn't quite think were acceptable to say in front of the patients... rather*  
281 *than helping me she just got angry with me".<sup>33</sup>*

282

283 Twelve studies noted unwanted or ignored behaviours bestowed by medical staff towards nursing students.

284 The forms included making the nursing student feel like a nuisance,<sup>16, 25, 30, 33-37</sup> not letting the students be

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4 285 involved in nursing activities,<sup>22, 32</sup> refusal to answer, help or support,<sup>15, 22, 30, 32, 33, 35, 37</sup> and not permitting the  
5  
6 286 student to use the staff room.<sup>22, 26</sup>

7  
8 287

9  
10 288 *“How wrong I was. I have never felt so unwanted in my life. The nursing staffs made me feel like a*  
11  
12 289 *complete nuisance...I don't think she even made eye contact with me... She seemed annoyed by my*  
13  
14 290 *presence... “.*<sup>37</sup>

15  
16 291

17  
18 292 Inequality for all students was identified as another form of incivility. Bias was commonly based on  
19  
20 293 gender, race, appearance, and behaviours.<sup>15, 22, 24, 27</sup> Some faculty favoured male nursing students and  
21  
22 294 younger nursing students and were more positive in their communications with them.<sup>15, 24</sup> The students with  
23  
24 295 unusual behaviours had more challenges.<sup>25, 30, 31</sup> Some nursing student admitted they feared that they were  
25  
26 296 being targeting and avoided any interaction at all with certain instructors.<sup>15, 27</sup>

27  
28 297

29  
30 298 *“On my clinical placement, I was immediately judged by one staff member who continuously*  
31  
32 299 *embarrassed me... They took an instant dislike to me [because of] my appearance and made*  
33  
34 300 *comments stating I was a princess and spoilt. They treated other students and team members with...*  
35  
36 301 *respect, however I did not receive any of this”.*<sup>32</sup>

37  
38 302

39  
40 303 Other forms of incivility include physical threats and sexual harassment. Two studies provided examples of  
41  
42 304 nursing students being stalked and experiencing inappropriate touching by staff.<sup>22, 34</sup> Worryingly, some  
43  
44 305 nursing students experienced different forms of physical threats, such as a nurse instructor throwing items  
45  
46 306 (patient file folders, intravenous fluid bags, and a key) at the students.<sup>22, 25, 33, 34</sup>

47  
48 307

### 49 308 ***Synthesized finding 3***

50  
51 309 *Faculty incivility in the clinical education context not only has a huge physical and emotional impact on*  
52  
53 310 *nursing students but also influences the professional formation process.*

54  
55 311

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3  
4 312 This synthesized finding originated from eight findings and was grouped into three categories. Studies  
5  
6 313 described the impact of perceiving incivility from faculty, including having negative emotions and physical  
7  
8 314 symptoms and questioning the nursing profession. Feelings of helplessness, hopelessness and  
9  
10 315 powerlessness were the most common emotional responses noted by the participants.<sup>15, 24, 26, 28, 31</sup> Other  
11  
12 316 negative emotions included loss of self-esteem, worth and confidence, stress, depression, fear, anger, upset,  
13  
14 317 and anxiety.<sup>22-25, 27, 28, 31, 32, 34, 35</sup> Some students reported that they had a serious suicidal tendency and wanted  
15  
16 318 to conduct self-injury to escape from clinical education.<sup>22</sup>

319

19 320 *“I realized that no matter how hard we worked in our clinical group, that it was the instructor’s way*  
20  
21 321 *or no way. It wasn’t our work we were being evaluated on; it was our ability to please her. If we*  
22  
23 322 *didn’t look good, she didn’t look good. If we embarrassed her, she would squash us, she would fail*  
24  
25 323 *us. We felt helpless”.*<sup>24</sup>

324

29 325 The consequences of incivility included suffering from physical symptoms. These reactions included sleep  
30  
31 326 disorders, fatigue, sweating, nausea, vomiting, headaches, chest pain, nervousness, palpitations, cardiac and  
32  
33 327 abdominal symptoms, and overeating or appetite loss.<sup>22, 24, 28, 31, 32, 35</sup> In addition, incivility also caused  
34  
35 328 issues with loss of motivation, productivity, and performance.<sup>28, 31, 34, 35</sup> The students' professional  
36  
37 329 engagement was negatively affected by incivility. In nine studies, nursing students expressed incivility as  
38  
39 330 criticism of clinical education and the nursing profession and doubt towards their career choice.<sup>16, 22, 23, 25, 27,</sup>  
40  
41 331 <sup>28, 31, 32, 34, 35</sup>

332

44 333 *“I am making it my duty as a registered nurse to never forget how it felt as a student that was bullied*  
45  
46 334 *on placement”.*<sup>22</sup>

48 335 *“Bullying has totally eroded the credibility of the profession in my eyes”.*<sup>28</sup>

336

52 337 **Synthesized finding 4**

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3  
4 338 *Facing faculty incivility in the clinical context, nursing students can develop either negative or positive*  
5 339 *coping strategies to accept the harsh realities of life or fight incivility.*

6  
7 340

8  
9 341 This synthesized finding originated from 15 findings and was grouped into two categories. Studies noted  
10 342 that nursing students developed different responses to incivility when they perceived uncivil treatment  
11 343 through their education. The categories included negative coping and positive coping. Nine studies  
12 344 described negative coping strategies. Students often felt powerless to deal with incivility, and the most  
13 345 common response was to remove themselves from the situation.<sup>26, 34</sup> Students were reluctant to report the  
14 346 incidences of perceiving incivility and felt that their actions were unlikely to lead to change.<sup>15, 16, 22, 25, 26, 31,</sup>  
15 347 <sup>37</sup> They accepted the harsh clinical education as a part of student life.<sup>31</sup> However, some nursing students  
16 348 chose to change their major and left the nursing programme.<sup>24</sup>

17 349

18 350 *“We have to get used to verbal abuse incidents like this. Ultimately, we have to accept the clinical*  
19 351 *reality. The most important goal is to graduate. My mother is my best counsel’. She keeps saying, ‘Be*  
20 352 *patient! It will come to an end’”.*<sup>31</sup>

21 353

22 354 Eleven studies noted that nursing students confronted incivility by using positive coping strategies. Positive  
23 355 strategies including standing up to report the incivility they perceived to a high level,<sup>16, 22, 24, 30, 31, 35</sup>  
24 356 improving communication with the medical staff,<sup>16, 26, 31, 35, 36</sup> sharing the story with their families and  
25 357 friends,<sup>24, 25, 28, 31, 36</sup> seeking support from other friendly nurse faculty and trusted university staff,<sup>24, 25</sup>  
26 358 sharing the experience in end-of-semester evaluations,<sup>35</sup> trying to understand the staff’s viewpoint,<sup>36</sup>  
27 359 developing self-resilience,<sup>22, 26</sup> maintaining self-values and restoring confidence.<sup>23, 36</sup> Many nursing students  
28 360 who had perceived incivility once noted that they would not be disrespectful to students in the future.<sup>22, 26</sup>

29 361

30 362 *“Spent the afternoon shadowing a 2<sup>nd</sup>-year student. She was really helpful and friendly. I found it*  
31 363 *reassuring that she had experienced the same anxieties and fears”.*<sup>36</sup>

1  
2  
3  
4 364 *“I am making it my duty as a registered nurse to never forget how it felt as a student that was bullied*  
5 365 *on placement... I was shocked that nurses – [supposedly] such a caring profession – could be so*  
6  
7 366 *ruthless towards students. I think bullying in nursing really needs to stop”.*<sup>22</sup>  
8  
9  
10 367

11 368 ***Synthesized finding 5***

12  
13 369 *Students’ individual factors, staff factors, and clinical culture factors place nursing students at risk for*  
14  
15 370 *incivility. These factors work individually or collectively.*  
16

17 371  
18  
19 372 This synthesized finding originated from 15 findings and was grouped into three categories. Although there  
20  
21 373 is absolutely no excuse for medical staff to harass and humiliate nursing students, most incivilities had  
22  
23 374 underlying reasons that led to this behaviour. The possible reasons were categorized into staff-related  
24  
25 375 reasons, student-related reasons, and culture. Staff-related factors were identified as the main trigger for  
26  
27 376 incivility, including conflicts among staff,<sup>29</sup> work overload and workplace stressors,<sup>15, 34-36</sup> personal life  
28  
29 377 stressors,<sup>35</sup> previous encounters with students,<sup>35</sup> limited availability of instructor,<sup>15</sup> limited competency,<sup>15</sup>  
30  
31 378 individuals’ characteristics and personalities,<sup>35</sup> misperceptions about university education,<sup>31, 35</sup> and a  
32  
33 379 generation gap.<sup>32, 34</sup>  
34

35 380

36  
37 381 *“It is like a lot of the time the nurses are overwhelmed. They have six or seven patients instead of*  
38  
39 382 *the four that they should have and...they convey their stress on to people. They put it onto*  
40  
41 383 *others—and it turns into bullying, but it’s really you know ‘I feel overworked’ or ‘I’m too told to*  
42  
43 384 *be in this position’ or ‘I can’t lift like I [used] to”.*<sup>34</sup>  
44

45 385

46 386 According to student-related factors, incivility is a mutual conflict that depends on how well nursing  
47  
48 387 students respect their clinical instructor. Nursing students showing less respect for their instructors was the  
49  
50 388 common trigger for incivility.<sup>21</sup> Notably, two studies noted that students’ youth, gender, personalities, and  
51  
52 389 inexperience in the work environment increased their risk of being subjected to incivility.<sup>31, 35</sup> However,  
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4 390 nursing students are a vulnerable population in the clinical environment, which makes them easily targeted  
5 391 and crushed.<sup>22</sup>

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7 392  
8  
9 393 Clinical culture is another factor that contributes to incivility towards nursing students. In particular, the  
10 394 included studies showed that bullying was a rite of passage of culture transition from school to the new  
11  
12 395 hierarchical environment.<sup>22, 23, 25, 29, 34</sup> One study showed that a “student not welcome” culture in the clinical  
13  
14 396 setting could also create incivilities.<sup>34</sup>

15  
16 397  
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18  
19 398 *“Some nurses are very nice to students and very helpful and others you get the vibe you know they*  
20  
21 399 *don’t want you there”.*<sup>34</sup>

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24  
25 401 ***Synthesized finding 6***

26  
27 402 *Both the university and hospital can consistently respond to faculty incivility in clinical education towards*  
28  
29 403 *nursing students. Building an anti-incivility environment requires that the university and hospital work*  
30  
31 404 *together.*

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33 405

34  
35 406 This synthesized finding originated from eight findings and was grouped into two categories. The last  
36  
37 407 synthesized finding describes suggestions from nursing students for universities and hospitals. The  
38  
39 408 suggestions for universities can be categorized into four sectors:<sup>25, 34</sup> educating and preparing student  
40  
41 409 responses to incivility; having an immediate response person or system; having faculty to follow up and  
42  
43 410 continue monitoring; and having peer support and other opportunities.

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45 411

46 412 *“The university should have an immediate response person or system to ensure immediate support.*  
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48 413 *We need a phone number or email for help and advice straight away, like you can call and say this*  
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50 414 *has happened”.*<sup>25</sup>

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4 416 Suggestions to hospitals can be categorized into four factors:<sup>23, 31, 34</sup> qualifying preceptors and performing  
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6 417 continuous evaluations; having perceived authority as instructors; clarifying the roles of students; and  
7  
8 418 establishing a positive professional role model.

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10 419  
11 420 *“Those nurses are acting as teachers and some people weren’t meant to be teachers. They may be*  
12  
13 421 *good nurses but they’re not good teachers, and they need to think about that more in terms of who*  
14  
15 422 *they’re assigning and make the compensation for it so they want to do it, the ones who are good at it*  
16  
17 423 *want to do it. It should be a regular thing where they’re evaluated on it”.*<sup>34</sup>  
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19 424

#### 21 425 **ConQual summary of synthesized findings**

22  
23 426 The ConQual scores and the summary of the synthesized findings are provided in Table 4. The confidence  
24  
25 427 was low for six synthesized findings, where were downgraded one level due to dependability limitation  
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27 428 issues. A mix of unequivocal and credible findings was another reason to downgrade the credibility of all  
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29 429 of the included studies

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31 430

#### 33 431 **Discussion**

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35 432 Our systematic review and meta-synthesis provided a comprehensive picture of nursing students’  
36  
37 433 experiences with faculty incivility in the available literature. Based on the exhaustive search strategies,  
38  
39 434 eighteen studies were included. Six synthesized findings were identified, covering features of incivility,  
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41 435 manifestations of incivility, contributing factors, impacts on students, coping strategies, and suggestions.

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44  
45 437 The meta-synthesis revealed that in addition to disrespect, feelings of being unwanted and ignored,  
46  
47 438 inequality, and lack of professionalism were identified as important displays of workplace incivility. This  
48  
49 439 finding added to our knowledge that nursing students regarded instructors who acted without  
50  
51 440 professionalism as uncivil, which was different from faculty-to-faculty incivility.<sup>38</sup> In the clinical education  
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53 441 setting, nursing students still expect preceptors to be role models and demonstrate positive and constructive  
54  
55 442 manners.<sup>39, 40</sup> Even working with medical teams, most nursing students are subjected to a structured



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4 443 academic setting during the transition from a student to a nurse.<sup>41, 42</sup> Therefore, nursing student orientation  
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6 444 uses the same evaluation standard to measure the behaviours of both clinical preceptors and academic  
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8 445 faculty. This result indicates that a qualification assessment and training are essential for clinical nurse  
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10 446 preceptors.

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13 448 Our study also showed that the impact of incivility was very far-reaching. Students who perceived such  
14  
15 449 incivility at work would not only bring home the negative emotions but also would lose motivation in the  
16  
17 450 next few days and doubt their profession choice in the future. Clinical education is the first time that  
18  
19 451 nursing students transit from learning in classrooms to studying in real care environments. Previous studies  
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21 452 showed that clinical education was the crucial period when nursing student cultivated professionalism.<sup>10, 11</sup>  
22  
23 453 The experience perceived by the students is highly associated with job satisfaction and turnover intention.<sup>43</sup>  
24  
25 454 Therefore, incivility is a barrier to professional formation and will worsen the shortage of nurses. Incivility  
26  
27 455 in nursing clinical education programmes is particularly crucial during a time of critical nursing shortages  
28  
29 456 worldwide. Universities and hospitals have an ethical mandate to ensure that nursing students and  
30  
31 457 preceptors are practising in areas that do not negatively influence student health and help students form  
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33 458 professionalism.<sup>44</sup>

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36 460 Different from previous discoveries, our study showed that many nursing students adopted positive  
37  
38 461 strategies to cope with incivility. Previous studies noted that students tended to use avoidant strategies  
39  
40 462 when facing uncivil behaviours.<sup>15, 27</sup> The use of negative coping strategies may contribute to increased  
41  
42 463 emotional burdens, being the target of incivility, and holding a grudge against the victimizer.<sup>45</sup>  
43  
44 464 Nevertheless, in recent years, a series of anti-bullying campaigns have popped up everywhere in response  
45  
46 465 to the situation of uncivil behaviours in schools. Ending bullying has become a trend among students.<sup>46</sup>  
47  
48 466 Some studies have argued students should come to a resolution between themselves and the person  
49  
50 467 exhibiting incivility.<sup>47, 48</sup> However, unlike facing a bully, dealing directly with the uncivil person may not  
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52 468 be a good option. Incivility manifests as a rude or disrespectful action that is difficult to use to invoke  
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54 469 adverse management actions at the organizational level. In our study, seeking help from a trusted person

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4 470 and organization was the most common strategy used by nursing students. Using indirect confrontation  
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6 471 coping strategies can elicit positive results for students, such as accommodating negative emotions, which  
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8 472 is beneficial for building good interpersonal work relationships.<sup>24,25,49</sup> Additionally, these strategies can  
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10 473 protect victims in the hierarchical system.<sup>31,35</sup> Therefore, hospitals or universities should have an  
11  
12 474 immediate response person or system to help nursing students confronting incivility and to follow up and  
13  
14 475 monitor the development.

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17 477 We found that work overload and job stress were important factors contributing to incivility. This result is  
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19 478 similar to those of previous studies showing that work overload may increase an employee's tendency to  
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21 479 display uncivil behaviours and provide them with no time for niceties.<sup>50</sup> A significant relationship exists  
22  
23 480 among workplace incivility, job stress and turnover intention.<sup>51</sup> The consequences of overload and  
24  
25 481 unmanaged stress are incivility. Stress stemming from incivility can also silently kill productivity of  
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27 482 staff/students. The vicious cycle of "overload work-work stress- incivility" should be broken.

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29 483 Self-monitoring is an important process during which medical staff should detect, reflect on and assess  
30  
31 484 their own behaviour. In particular, preceptors need to know the emotional triggers and how to curb negative  
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33 485 responses. Nurse leaders can provide stress-reducing interventions to lead the organizational cultural to  
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35 486 develop a more open communication environment and have less incidences of workplace incivility.

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38 488 Another issue needs to be considered when interpreting our findings. The levels of confidence across six  
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40 489 synthesized findings were downgraded due to dependability issues and a mix of unequivocal and credible  
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42 490 findings. Among the 18 included studies, the majority did not report the authors' influences (e.g., roles,  
43  
44 491 beliefs, and value) on the studies, which influenced the dependability of all synthesized findings. We  
45  
46 492 recommend that future studies strengthen the methodological quality of qualitative studies and add  
47  
48 493 credibility to the research findings.

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52 495 The strength of this study is that we performed a comprehensive search strategy to find all relevant studies  
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54 496 in nine academic and four grey literature databases. Both journal articles and theses were included to

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4 497 provide unbiased results. Another strength is that we used the JBI meta-aggregation method to synthesize  
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6 498 qualitative data, which avoided re-interpretation of the original studies. Finally, to the best of our  
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8 499 knowledge, no qualitative systematic review has examined this topic.

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### 11 501 **Limitations**

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13 502 Our study also has limitations. First, similar to all meta-syntheses, the findings are limited by the study  
14  
15 503 quality and the interpretations of the original researchers. Additionally, we only included studies in English.  
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17 504 All included studies were conducted in the United States, European countries and Australia. Cultural  
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19 505 variation may have resulted in variation in individual responses to incivility. Therefore, the findings can  
20  
21 506 only be generalized to other contexts with a similar culture.

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### 24 508 **Conclusions**

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26  
27 509 This study synthesized qualitative evidence on the experiences and perceptions of incivility during clinical  
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29 510 education of nursing students and evaluated the influence of incivility on student nurses. The findings  
30  
31 511 showed that the experience of incivility in clinical education was common and had negative impacts on  
32  
33 512 nursing students and the nursing profession. We suggest that nursing students should try to cope with  
34  
35 513 incivility positively. Nurse managers and clinical preceptors should be aware of the prevalence and impact  
36  
37 514 of incivility and implement policies and strategies to reduce incivility towards nursing students. Hospitals  
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39 515 and universities should have an immediate response person or system to help nursing students confronting  
40  
41 516 incivility and create an open communication environment.

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47  
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50 521

### 51 522 **Author Contributions**

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2  
3  
4 523 Study design: XWJ; Data collection and appraisal: ZZ, XWJ; Data analysis: ZZ, XWJ; Study supervision:  
5  
6 524 HY; Manuscript writing: ZZ, XWJ; Critical revisions for important intellectual content: LL, HY, GMD. All  
7  
8 525 authors revised and accepted the final draft.

9  
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15 529

16  
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18  
19 531 The authors report no real or perceived interests that relate to this article that can be construed as a conflict  
20  
21 532 of interest.

22  
23 533

24  
25 534 **Data Share Statement**

26  
27 535 No additional data are available

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651 **Table 1.** Results of quality assessment based on JBI critical appraisal checklist for qualitative studies\*

	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10
1. Altmiller (2012) <sup>15</sup>	U	U	Y	Y	Y	U	U	U	U	Y
2. Anthony (2011) <sup>16</sup>	U	U	Y	Y	Y	U	U	Y	Y	Y
3. Birks et al. (2017) <sup>22</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
4. Cantey (2012) <sup>23</sup>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
5. Clark (2008) <sup>24</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
6. Courtney-Pratt et al. (2017) <sup>25</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
7. Curtis et al. (2007) <sup>26</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
8. Del Prato (2013) <sup>27</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
9. Hakojarvi et al. (2014)	U	Y	Y	Y	Y	U	U	Y	Y	Y
10. Hoel et al. (2007) <sup>29</sup>	U	U	Y	Y	U	U	U	Y	U	Y
11. Jackson et al. (2011) <sup>30</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
12. Lash et al. (2006) <sup>31</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
13. Martel (2015) <sup>32</sup>	Y	Y	Y	Y	Y	U	Y	Y	Y	Y
14. Rees et al. (2015) <sup>33</sup>	Y	Y	Y	Y	Y	U	U	Y	Y	Y
15. Smith et al. (2016) <sup>34</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
16. Thomas (2015) <sup>35</sup>	Y	Y	Y	Y	Y	U	Y	Y	Y	Y
17. Thomas et al. (2015) <sup>36</sup>	U	Y	Y	Y	Y	U	U	Y	Y	Y
18. Thomas & Burk (2009) <sup>37</sup>	U	U	Y	Y	Y	U	U	Y	Y	Y

652 \*C1= Congruity between the stated philosophical perspective and the research methodology;

653 C2= Congruity between the research methodology and the research question or objectives

654 C3= Congruity between the research methodology and the methods used to collect data

655 C4= Congruity between the research methodology and the representation and analysis of data

656 C5= There is congruence between the research methodology and the interpretation of results

657 C6= Locating the researcher culturally or theoretically

658 C7= Influence of the researcher on the research

659 C8= Representation of participants and their voices

660 C9= Ethical approval by an appropriate body

661 C10= Relationship of conclusions to analysis, or interpretation of the data

662 Y= Yes; N=No; U=Unclear; NA=Not applicable

664 **Table 2.** Characteristics of the studies

Study (year), Country	Design (data collection method)	Phenomenon of interest	Recruitment and participants	Main findings
Altmiller (2012), US <sup>15</sup>	Phenomenology (focus group interview)	To describe the phenomenon of incivility in undergraduate nursing programmes.	Four universities in the US; Twenty-four undergraduate junior and senior nursing students	Nine themes were identified in this study: 1) unprofessional behaviour; 2) poor communication techniques; 3) power gradient; 4) inequality; 5) loss of control over one's world; 6) stressful clinical environment; 7) authority failure; 8) difficult peer behaviours; and 9) students' views of faculty perceptions
Anthony (2011), US <sup>16</sup>	Descriptive qualitative study (focus group interview)	To describe students' experiences and perceptions of incivility in clinical education.	One nursing school in the US; Twenty-one nursing students	The experience of perceived incivility was categorized into three themes: 1) exclusionary; 2) hostile or rude; and 3) dismissive. Positive experiences were reported when the students were welcomed by the staff.
Birks et al. (2017), Australia <sup>22</sup>	Descriptive qualitative study (open-ended questionnaire)	To describe experiences of bullying and harassment among nursing students during clinical education.	An online platform in Australia; Four hundred and thirty nursing students	Three themes were derived from the analysis: 1) manifestations of bullying and harassment; 2) the perpetrators; and 3) the consequences and impacts.
Cantey (2012), US <sup>23</sup>	Narrative inquiry (semi-structured interview)	To explore the experience of vertical violence among registered nurses during school nurses' clinical education.	One generic class in the US; Four registered nursing students	Three themes were gleaned from the data analysis: 1) rite of passage; 2) professional identity development; and 3) positive professional role model.
Clark (2008), US <sup>24</sup>	Phenomenology (semi-structured interview)	To describe nursing students' experiences of uncivil encounters with nursing faculty.	Four nursing schools in the US; Seven current and former nursing students	Three major themes were identified regarding incivility conducted by faculty: 1) behaving in demeaning and belittling ways; 2) treating students unfairly and subjectively; and 3) pressuring students to conform to unreasonable faculty demands.  Three major themes were identified regarding students' emotional responses: 1) feeling traumatized; 2) feeling powerless and helpless; and 3) feeling angry and upset.

1 2 3 4 5 6 7 8 9 10 11 12	Courtney-Pratt et al. (2017), Australia <sup>25</sup>	Mix-methods (semi-structured interviews)	To explore nursing students' experiences with bullying in clinical and academic settings.	One Australian university; Twenty-nine first-, second- and third-year undergraduate nursing students	Four themes were derived from the analysis: 1) manifestations of bullying in clinical and academic settings; 2) impact of experiences on students and the strategies students used to "make sense of" and address bullying; 3) recommendations from students on how to prepare for bullying; and 4) recommendations on how to manage bullying.
13 14 15 16 17	Curtis et al. (2007), Australia <sup>26</sup>	Descriptive qualitative study (open-ended questionnaire)	To investigate nursing students' experiences with horizontal violence in the nursing workplace in Australia.	One university in Australia; One hundred and fifty-two second- and third- year nursing students	Five major themes were identified: 1) humiliation and lack of respect; 2) powerlessness and becoming invisible; 3) hierarchical nature of horizontal violence; 4) coping strategies; and 5) future employment choices.
18 19 20 21 22	Del Prato (2013), US <sup>27</sup>	Phenomenology (in-depth interviews)	To understand students' experiences with faculty incivility in associate degree nursing education.	One university in the US; Thirteen nursing students from three associate degree nursing education programmes	Faculty incivility was categorized into four themes: 1) demeaning experiences; 2) subjective evaluation; 3) rigid expectations; and 4) targeting and weeding out practices.
23 24 25 26 27 28 29 30 31 32	Hakojarvi et al. (2014), Finland <sup>28</sup>	Descriptive study (an electronic semi-structured questionnaire)	To describe health care students' (including nursing students) personal experiences with bullying by staff or clinical instructors in clinical settings.	Two universities in Finland; Forty-one health care students	1) Students experienced both verbal and non-verbal bullying during clinical training. 2) Bullying influenced the students' motivation and professional engagement. 3) Some students thought that sharing the experience with their teacher and instructors was useless. However, those students who shared the bullying experience received emotional support and information.
33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	Hoel et al. (2007), UK <sup>29</sup>	Not specified (focus group interview and one-on-one interview)	To explore nursing students' experiences and perceptions of bullying in a clinical setting.	Recruited from universities and an advertisement in the UK; Forty-eight nursing students	1) Students felt exploited, ignored and unwelcome. 2) Bullying experiences had strong effects on the institutionalizing and unwelcoming culture in the clinical setting. 3) Students' coping mechanisms contributed to reproducing

				negative behaviours towards them.
Jackson et al. (2011), Australia <sup>30</sup>	Not specified (open-ended questionnaire)	To explore undergraduate students' experiences of negative behaviours in clinical settings.	An online website in Australia; One hundred and five nursing students from a large Australian university	Three themes were categorized: 1) confronted by contradiction: students as 'other'; 2) organizational aggression as a legitimating device; and 3) resisting 'othering': securing a legitimate identity as a student
Lash et al. (2006), Turkey <sup>31</sup>	Phenomenology (focus group interview)	To describe nursing and midwifery students' experiences with perceived verbal abuse in clinical settings in Turkey.	One university in Turkey; Seventy-three nursing and midwifery students	Four categories were derived from the interviews: 1) experiences of verbal abuse; 2) perceptions of the effects of verbal abuse; 3) methods of coping with verbal abuse; and 4) recommendations to prevent and effectively respond to the verbal abuse
Martel (2015), UK <sup>32</sup>	Phenomenology (semi-structured interviews)	To describe the experiences of nursing students with nursing staff incivility.	One university in the UK; Seven BSN students	Uncivil behaviours were grouped into three themes: 1) lack of receptiveness; 2) belittling; and 3) failing to recognize the assistance of students. Consequences of uncivil behaviours included emotional hurt, loss of confidence, discouragement, fear, demotivation, and unhappiness
Rees et al. (2015), UK <sup>33</sup>	Not specified (individual and group interviews)	To explore dental, nursing, pharmacy and physiotherapy students' experiences with workplace abuse.	Three universities in the UK; Sixty-nine healthcare students (n=13 nursing students)	1) Covert abuse was the most reported type of abuse in the narratives; 2) individual, relational, work and organizational factors contributed to abuse; the perpetrator was the most important factors; 3) most participants acted in the face of their abuse; and d) the perpetrator-recipient relationship was the main contributory factor.
Smith et al. (2016), US <sup>34</sup>	Descriptive qualitative study (focus group interview)	To explore what types of bullying behaviours were encountered by nursing students in the clinical placement and how these encounters impacted them.	Four colleges in the US; Fifty-six undergraduate nursing students	Four categories were identified: 1) bullying behaviours; 2) rationale for bullying; 3) response to bullying; and 4) recommendations to address bullying.
Thomas (2015),	Phenomenology	To understand nursing students' experience with	One university in the US;	Nursing students felt unprepared to effectively respond when

US <sup>35</sup>	(semi-structured interviews)	incivility in a clinical education setting.	Twelve junior and senior nursing students in a baccalaureate nursing programme	encountering incivility and experienced emotional and behavioural harm from the encounters.
Thomas et al. (2015), UK <sup>36</sup>	The classic grounded theory (diary)	To explore the impacts of the first clinical placement on the professional socialization of adult undergraduate student nurses in the UK.	Twenty-six undergraduate adult student nurses in the UK	Incivility is comprised of three stages: 1) stage of dislocation (disillusionment with role, needing benevolence, and being altruistic); 2) stage of status negotiation (significant others, seeking recompense, and brokering for learning); and 3) stage of status relocation (being benevolent, maintaining values, and recanting status).
Thomas & Burk (2009), US <sup>37</sup>	Descriptive study (written stories)	To explore the experiences of injustice perpetrated by staff RNs during nursing students' clinical placement.	One university in the US; Two hundred and twenty-one junior nursing students	Four levels of injustice were described: 1) "We were unwanted and ignored"; 2) "Our assessments were distrusted and disbelieved"; 3) "We were unfairly blamed"; and 4) "I was publicly humiliated"



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3	Sleep disorders, fatigue, sweating, tearfulness, nausea, vomiting,	Physical symptoms	
4	headaches, chest pain, palpitations, cardiac and abdominal		
5	symptoms, and overeating or appetite loss (U)		
6			
7	Deleterious consequences for patients (C)	Professional formation	
8			
9	Doubting profession choice and having the desire to quit nursing		
10	(U)		
11	Loss of motivation, productivity and performance (U)		
12			
13	Tolerated and reticent to report (U)	Negative coping	4. Facing faculty incivility in the clinical
14	Becoming invisible (U)		context, nursing students can develop either
15	Accept as a part of student life (U)		negative or positive coping strategies to accept
16	Leave nursing programme (U)		the harsh realities of life or fight incivility.
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18	Standing up to report (U)	Positive Coping	
19	Improving communication with staff (U)		
20	Sharing with families and friends (U)		
21	Seeking support from nice nursing faculty (U)		
22	Seeking advice from trusted university staff (U)		
23	Seeking advice from trusted university staff (U)		
24	Sharing in end-of-semester evaluations (U)		
25	Trying to understand staff's viewpoint (U)		
26	Developing self-resilience (C)		
27			
28	Maintaining self-values and restoring confidence (U)		
29	Being benevolent and not perpetuating incivility (U)		
30			
31	Conflicts among staff (U)	Staff-related factors	5. Students' individual factors, staff factors,
32	Workplace stressors and overload (U)		and clinical culture factors place nursing
33	Personal life stressor (U)		students at risk for incivility. These factors
34	Previous bad encounters with students (U)		work individually or collectively.
35	Limited availability of instructor (U)		
36	Limited competency (U)		
37	Characteristics and personalities (U)		
38	Misperceptions about university education (U)		
39	Generation gap (C)		
40			
41	Showing less respect (U)	Student-related factors	
42	Limited power (C)		
43	Youth, gender and inexperience (U)		
44	Characteristics and personalities (U)		
45			
46	Rite of passage/vicious cycle (U)	Culture-related factors	
47	The culture of "students not welcome" (U)		
48			
49	Educate and prepare students' responses to incivility (U)	Suggestions to university	6. Both the university and hospital can
50	Immediate response person or system (U)		consistently respond to faculty incivility in
51	Faculty follow up and monitoring (U)		clinical education towards nursing students.
52	Peer support and opportunities (U)		Building an anti-incivility environment
53			requires that the university and hospital work
54	Qualifications of preceptors and continuous evaluation (U)	Suggestions to hospital	
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Having perceived authority of instructors (C)	together.
Clarifying the role of nursing students (U)	
Positive professional role model (C)	

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**Table 4.** ConQual summary of findings

Synthesized Findings	Type of Research	Dependability	Credibility	ConQual Score
1. Different types of incivility can be experienced by nursing students. Some types are noticeable, whereas others can be more subtle and are difficult to prove. Most nursing students are unprepared for incivility from multiple perpetrators.	Qualitative	Downgrade 1 level	Downgrade 1 level	Low
2. Faculty incivility in the clinical education context towards nursing students manifests as a lack of professionalism in the workplace, being disrespectful and unfair towards	Qualitative	Downgrade 1 level	Downgrade 1 level	Low
3. Faculty incivility in the clinical education context not only has a huge physical and emotional impact on nursing students but also influences the professional formation process.	Qualitative	Downgrade 1 level	Downgrade 1 level	Low
4. Facing faculty incivility in the clinical context, nursing students can develop either negative or positive coping strategies to accept the harsh realities of life or fight incivility.	Qualitative	Downgrade 1 level	Downgrade 1 level	Low
5. Students' individual factors, staff factors, and clinical culture factors place nursing students at risk for incivility. These factors work individually or collectively.	Qualitative	Downgrade 1 level	Downgrade 1 level	Low
6. Both the university and hospital can consistently respond to faculty incivility in clinical education towards nursing students. Building an anti-incivility environment requires that the university and hospital work together.	Qualitative	Downgrade 1 level	Downgrade 1 level	Low

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672 **Figure 1** Flow chart of the search strategy and results

673 **Appendix I** The ENTREQ statement

674 **Appendix II:** Search strategy for PubMed (MEDLINE)

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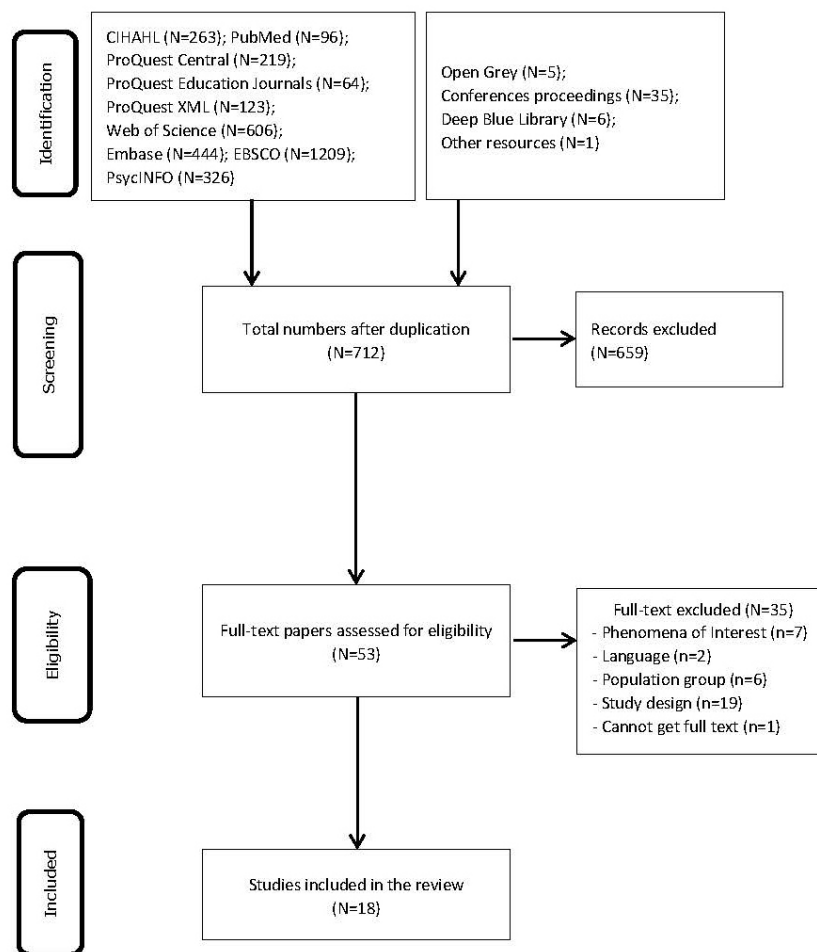


Figure 1 Flow chart of the search strategy and results

90x90mm (300 x 300 DPI)

## Appendix I the ENTREQ statement

Section/topic	#	Checklist item	Reported on Page #
Aim	1	State the research question the synthesis addresses.	P5
Synthesis methodology	2	Identify the synthesis methodology or theoretical framework which underpins the synthesis, and describe the rationale for choice of methodology (e.g. meta-ethnography, thematic synthesis, critical interpretive synthesis, grounded theory synthesis, realist synthesis, meta-aggregation, meta-study, framework synthesis).	P5
Approach to searching	3	Indicate whether the search was pre-planned (comprehensive search strategies to seek all available studies) or iterative (to seek all available concepts until they theoretical saturation is achieved).	P6
Inclusion criteria	4	Specify the inclusion/exclusion criteria (e.g. in terms of population, language, year limits, type of publication, study type).	P5
Data sources	5	Describe the information sources used (e.g. electronic databases (MEDLINE, EMBASE, CINAHL, psycINFO, Econlit), grey literature databases (digital thesis, policy reports), relevant organizational websites, experts, information specialists, generic web searches (Google Scholar) hand searching, reference lists) and when the searches conducted; provide the rationale for using the data sources.	P6
Electronic Search strategy	6	Describe the literature search (e.g. provide electronic search strategies with population terms, clinical or health topic terms, experiential or social phenomena related terms, filters for qualitative research, and search limits).	P6 & Appendix II.
Study screening methods	7	Describe the process of study screening and sifting (e.g. title, abstract and full text review, number of independent reviewers who screened studies).	P6
Study characteristics	8	Present the characteristics of the included studies (e.g. year of publication, country, population, number of participants, data collection, methodology, analysis, research questions).	Table 2
Study selection results	9	Identify the number of studies screened and provide reasons for study exclusion (e.g. for comprehensive searching, provide numbers of studies screened and reasons for exclusion indicated in a figure/flowchart; for iterative searching describe reasons for study exclusion and inclusion based on modifications to the research question and/or contribution to theory development).	Fig. 1

Rationale for appraisal	10	Rationale for appraisal	P6
Appraisal items	11	State the tools, frameworks and criteria used to appraise the studies or selected findings (e.g. Existing tools: CASP, QARI, COREQ, Mays and Pope; reviewer developed tools; describe the domains assessed: research team, study design, data analysis and interpretations, reporting).	Table 1
Appraisal process	12	Indicate whether the appraisal was conducted independently by more than one reviewer and if consensus was required.	P6
Appraisal results	13	Present results of the quality assessment and indicate which articles, if any, were weighted/excluded based on the assessment and give the rationale.	Table 1
Data extraction	14	Indicate which sections of the primary studies were analyzed and how were the data extracted from the primary studies? (e.g. all text under the headings "results /conclusions" were extracted electronically and entered into a computer software).	P6
Software	15	State the computer software used, if any.	P6-7
Number of reviewers	16	Identify who was involved in coding and analysis.	P7
Coding	17	Describe the process for coding of data (e.g. line by line coding to search for concepts).	P7
Study comparison	18	Describe how were comparisons made within and across studies (e.g. subsequent studies were coded into pre-existing concepts, and new concepts were created when deemed necessary).	P7
Derivation of themes	19	Explain whether the process of deriving the themes or constructs was inductive or deductive.	P7
Quotations	20	Provide quotations from the primary studies to illustrate themes/constructs, and identify whether the quotations were participant quotations of the author's interpretation.	P10-P17
Synthesis output	21	Present rich, compelling and useful results that go beyond a summary of the primary studies (e.g. new interpretation, models of evidence, conceptual models, analytical framework, development of a new theory or construct).	P10-P17

1 **Appendix II:** Search strategy for PubMed (MEDLINE)

2 Date: 2018.01.06

3 Database: PubMed (MEDLINE)

Set #		Results
1	incivility [MeSH] OR bullying[MeSH] OR "workplace violence" [MeSH] OR incivilit*[tiab] OR bully[tiab] OR uncivil[tiab] or aggression*[tiab] or harass* [tiab] OR mob [tiab] mobs [tiab] OR mobbing [tiab] OR victimiz* [tiab] OR ill-treat*[tiab] or abuse*[tiab] OR [tiab] OR oppress*[tiab] OR "horizontal violence"[tiab] OR "lateral violence" [tiab] OR disruptive[tiab] OR mistreat*[tiab] OR dilemma*[tiab] OR distress*[tiab] OR violen*[tiab] OR "nurses eat their young"[tiab]	12207
2	nurse [MeSH] OR nurs*[tiab] OR health[tiab]	442373
3	student[MeSH] OR student*[tiab] OR undergraduate* [tiab] OR graduate* [tiab]	298999
4	Hospitals[MeSH] OR workplace[MeSH] OR Hospital*[tiab] OR clinic [tiab] clinical [tiab] OR workplace*[tiab] OR work[tiab] OR "job site*" [tiab]	1144910
5	#1 AND #2 AND #3 AND #4	96

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